ALF Change in Licensed Resident Bed Capacity or Use of Rooms

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<th>FACILITY NAME</th>
<th>LICENSE NUMBER</th>
<th>EMAIL ADDRESS (REQUIRED)</th>
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<tr>
<th>NAME OF CONTACT</th>
<th>TELEPHONE NUMBER (WITH AREA CODE)</th>
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Assisted Living Facility (ALF) per resident bed fee is $116; if there are less than 12 months before your license expires, you will need to pro-rate this fee. Make check or money order payable to Washington State Treasurer and mail application and any applicable fees to: ALTSA Budget and Finance Unit, PO Box 45600, Olympia, WA 98504-5600.

Please be sure to write the Assisted Living Facility license number on your check as well as the reason for the payment. Remember, the capacity increase is not in effect until you receive a revised license and letter from the department verifying that the capacity increase is approved.

If you are requesting a capacity decrease, please fax this form to 360-438-7903 (no fee required).

**INDICATE TYPE OF CHANGE**

- Capacity **INCREASE** of ___________ beds.
- Capacity **DECREASE** of ___________ beds.
- TOTAL beds to be licensed: ___________

**INDICATE ROOM LOCATION(S)**

This is not required if a new facility license has been issued within the last six months due to construction approved by the Department of Health, Construction Review Services.

- Wing / floor / building(s) ____________________________
- Room number(s) ____________________________

Please type or print clearly. Answer all questions and follow all instructions. It is the responsibility of the licensee to submit a complete application. **Refer to WAC 388-78A-2800, 2810, and 2880.**

Direct questions regarding this application to **360-725-2315**. This form may be photocopied.

**SIGNATURE**

For ALTSA Fiscal Use Only

For ALTSA / REC Use Only