



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
ASSISTED LIVING FACILITY (ALF)

## ALF Change in Licensed Resident Bed Capacity or Use of Rooms

FACILITY NAME	LICENSE NUMBER	EMAIL ADDRESS	
NAME OF CONTACT	TELEPHONE NUMBER (WITH AREA CODE)	DATE	
<p>Assisted Living Facility (ALF) per resident bed fee is \$106; 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: AL TSA Budget and Finance Unit, PO Box 45600, Olympia, WA 98504-5600.</p> <p>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 <b>is not in effect until you receive a revised license and letter</b> from the department verifying that the capacity increase is approved.</p> <p>If you are requesting a capacity <u>decrease</u>, please fax this form to 360-438-7903 (no fee required).</p>			
<p>INDICATE TYPE OF CHANGE</p> <p>Capacity <b>INCREASE</b> of _____ beds.</p> <p>Capacity <b>DECREASE</b> of _____ beds.</p> <p>TOTAL beds to be licensed: _____</p>			
<p>INDICATE ROOM LOCATION(S)</p> <p>This is not required if a <u>new</u> facility licenses has been issued within the last six months due to construction approved by the Department of Health, Construction Review Services.</p> <p>Wing / floor / building(s) _____</p> <p>Room number(s) _____</p>			
<p>Please type or print clearly. Answer all questions and follow all instructions. It is the responsibility of the licensee to submit a complete application. <b>Refer to WAC 388-78A-2800, 2810, and 2880.</b></p> <p>Direct questions regarding this application to 360-725-2315. This form may be photocopied.</p>			
SIGNATURE			DATE

For AL TSA Fiscal Use Only	For AL TSA / REC Use Only