Washington State Department of Social & Health Services
Transforming lives

Adult Family Home License Relinquishment Letter

(To be completed by the current licensee of the adult family home)

This letter must be:

- Included with each adult family home license application if the home is a currently licensed adult family home and a change of ownership is proposed.
- Completed and signed by the current licensee of the adult family home. If the current licensee is an entity (which is a corporation, partnership, association, or limited liability company), **ALL** members of the entity MUST sign this letter.

I/We as licensees of _____ located at
ADULT FAMILY HOME NAME

ADDRESS OF ADULT FAMILY HOME

agree to relinquish (give up) my/our adult family home license to _____
NAME OF APPLICANT

if and when the Department of Social and Health Services approves of an adult family home license for the applicant at this address.

I/We understand that until the Department issues a license to the applicant, we remain the licensee of this adult family home and understand that we are responsible for the daily operations of this adult family home. I/We understand that the licensing application process can take several weeks to several months.

I/We understand that the Department is not a party to or involved with any real estate transactions and/or business agreement(s) between the applicant and the current licensee. I/We also understand that licensing approval is not contingent upon the lease or rental arrangements, or the purchase and sale of the adult family home business or property.

I/We understand that relinquishing our adult family home license means that we will no longer be the licensee of this adult family home once the applicant receives a license to operate an adult family home at this location.

I/We understand that, if we have a contract to serve Medicaid clients, the contract to serve Medicaid clients will be terminated upon the termination of our adult family home license.

I/We certify that we have notified each resident, in writing, of the potential change of ownership for this adult family home.

NAME OF EACH INDIVIDUAL WHO IS PART OF THE ADULT FAMILY HOME LICENSEE	TITLE	SIGNATURE	DATE SIGNED