



RESIDENTIAL CARE SERVICES (RCS)
**Adult Family Home (AFH)
Personnel Changes**

ADULT FAMILY HOME NAME	
LICENSE NUMBER	UBI NUMBER

This form should be used in compliance with Washington Administrative Code (WAC) [388-76-10041](#) to notify the department when officers, directors, members, or owners change. If a change of ownership as defined under WAC [388-76-10105](#) is required, please complete the online [Adult Family Home Online Application](#) and do not use this form.

I am notifying the department that my adult family home is (please check all that apply):

☐ Adding someone to the entity ☐ Removing someone from the entity

Instructions – Incomplete forms will not be accepted:

- 1) List all the officers, directors, members, and owners that will be affiliated with the entity after the proposed change.
- 2) Complete all columns for each person listed. The percent of ownership should total 100%, except in the case of non-profit corporations.
- 3) Attach a signed and dated relinquishment statement from each officer, director, member, or owner who is to be removed from affiliation with the entity.
- 4) Email the completed form and applicable attachments to BAAU@dshs.wa.gov.

NAME (FIRST, MIDDLE, LAST)	HAS CONTROL* OF THE PROVIDER?	BACKGROUND CHECKS CONDUCTED IN COMPLIANCE WITH WAC 388- 76-10160 THROUGH 1081?	TITLE AND POSITION IN THE HOME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	% OF OWNERSHIP (FOR NON- PROFIT CORPORATIONS, THIS SHOULD BE 0)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				%
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				%
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				%
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				%
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				%

* **Control** means the possession, directly or indirectly, of the power to direct the management, operation, and/or policies of the adult family home, whether through ownership, voting control, by agreement, by contract or otherwise. (WAC [388-76-10105](#))

By signing this form, I attest on behalf of this entity that everyone listed on this form meets the qualifications required for their position under WAC Chapter [388-76](#) and WAC Chapter [388-112A](#). I also attest that residents have been notified of this change.

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE	PRINT NAME HERE
EMAIL ADDRESS		TITLE

For office use only: ☐ STARS Updated ☐ FM Notified ☐ Not processed returned to licensee

Date: _____

Initials: _____