



Rule Change Comment

For Office Use Only				
MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER

Residential Care Services
PO Box 45600
Olympia WA 98504-5600

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Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY)	SUBMITTER'S NAME			
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP + 4
TELEPHONE (WITH AREA CODE)	FAX NUMBER		EMAIL ADDRESS	
PROPOSAL NUMBER	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

- This comment is original material (original material based on the submitter’s own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will Select one. construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Signature

SIGNATURE

DATE

PRINT NAME HERE