

## RESIDENTIAL CARE SERVICES (RCS)

## Adult Family Home (AFH) Change in Licensed Bed Capacity - Increase

Please type or print clearly. Fill out the form completely by answering all questions and following all instructions. Please refer to <a href="MAC 388-76-10030">WAC 388-76-10030</a> and <a href="RCW 70.128.066">RCW 70.128.066</a>. It is the responsibility of the licensee to submit a complete form and fee. Please contact <a href="baau@dshs.wa.gov">baau@dshs.wa.gov</a> if you have questions about this form. This form may be photocopied.

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|---|---|--------------------|
| AFH NAME  |   | AFH LICENSE NUMBER |
| AFH ADDRESS   |   | COUNTY             |
| NAME AND TITLE OF CONTACT PERSON (PROVIDER, ENTITY REPRESENTATIVE, RESIDENT MANAGER)  |   | PHONE NUMBER       |
| CURRENT LICENSED CAPACITY   PROPOSED LICENSED CAPACITY   EMAIL ADDRESS  |   |                    |
| Does your home have a septic system?   Yes  No  If yes, please include documentation showing the capacity supported by the septic system. This capacity should be shown in number of individuals, not number of bedrooms.   |   |                    |
| Are you requesting to increase the home's capacity to seven or eight beds?   Yes  No  |   |                    |
| If no, skip to the next section for all applicants.   |   |                    |
| If yes, please also include the following documents. Please label all documents:  |   |                    |
| An application fee of \$455. Make your check or money order payable to Washington State Treasurer. Mail this form and the fee to: ALTSA, POBOX45600, OLYMPIA WA 98504-5600. Please be sure to write the adult family home license number on your check. Forms submitted without the fee will not be processed. This fee is nonrefundable.   |   |                    |
| An attestation that this increase will not adversely affect the health, safety, or quality of life of current residents in the home; and  |   |                    |
| ☐ A copy of the notification provided to residents and their representatives of the capacity increase.  |   |                    |
| ☐ A copy of the last six months of power, sewer, water, and sanitation bills for the adult family home.   |   |                    |
| ☐ A copy of the permit for the sprinkler system.  |   |                    |
| Check here if your home does not have a sprinkler system because your license is limited to serving only residents who are independent with evacuation. Note that this limit must be on your license in order to meet this requirement.   |   |                    |
| Please note that in order to increase to seven or eight beds, you must meet all of the requirements found in <a href="RCW 70.128.066">RCW 70.128.066</a> . (See Page 2.)  |   |                    |
| All Applicants  |   |                    |
| Once your form has been submitted and verified, a licensor will contact you to schedule an inspection to verify the home can sufficiently meet the capacity increase. You will be required to pay an additional bed fee based on the number of beds added and the time until your annual licensing fee is due. This will be collected after your inspection but before your capacity increase is approved. To estimate the amount due, see the formula on page 2. |   |                    |
| 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.   |   |                    |
| By signing this form, you are stating that you have read the requirements and understand what you need to do in order to receive your requested capacity increase.  |   |                    |
| SIGNATURE DATE  | PRINT NAME  |                    |
| For ALTSA Fiscal Use Only   | For ALTSA / RCS   | Use Only           |
|   |   |                    |

## Calculate the additional bed fee:

Once you have completed the inspection and a licensor makes a recommendation to increase your bed capacity, you will need to submit payment for each additional bed in order to receive your capacity increase. You can estimate the amount owed for the additional licensed beds, which is based on the time until your next annual fee is due, using this formula:

months until the anniversary date x increased beds x \$18.75 (monthly bed fee) =

Any part of a month should be rounded up. Example: If your anniversary date is three (3) months and one (1) day from now, you would round up to four (4) months. You will be contacted with the amount owed after the inspection and recommendation are complete, and your capacity increase will not be approved until payment is received.

## For capacity increases to seven or eight beds:

RCW 70.128.066 requires providers who wish to increase their capacity to seven or eight beds to:

- Demonstrate financial solvency and management experience for the home and the ability to meet other relevant safety, health, and operating standards pertaining to the operation of an adult family home, including the ability to meet the needs of all current and prospective residents and ways to mitigate the potential impact of vehicular traffic related to the operation of the home.
- Have held the license for the adult family home for which they are requesting the capacity increase for at least 24
  months.
- Have been licensed for six residents for at least 12 months prior to applying to increase to seven or eight beds.
- Have received at least two full inspections and have received no enforcement actions during the period of the last two
  inspections.
- Submit an attestation that an increase in the number of beds will not adversely affect the health, safety, or quality of life of the current residents in the home.
- Demonstrate the ability to comply with the emergency evacuation standards established in rule.
- Have a residential sprinkler system in place.
- Have paid any fees associated with licensure or additional inspections.
- Provide at least sixty days' notice in writing at the time of application to all residents and their representatives in a
  manner or language that they understand that the home has applied for a license capacity increase to admit up to
  seven or eight residents before admitting the seventh resident. (Capacity increases to seven or eight will not be
  approved less than sixty days from the date the application is received.)