

AFH Change in Licensed Bed Capacity - Decrease

There is no fee to decrease the number of licensed beds. There is NO REFUND of any portion of the per bed fee you paid. You must have a minimum of two (2) licensed beds to be an Adult Family Home.

Email the completed form to Business Operations and Analysis Unit (BOA) at RCSBOA@dshs.wa.gov or mailing it to BOA, PO Box 45600, Olympia WA 98504-5600.

AFH NAME	AFH LICENSE NUMBER	COUNTY
<p>Licensed bed change: Capacity DECREASE of _____ beds</p> <p>TOTAL number of beds to be licensed: _____</p> <p>Name and phone number of the primary contact for questions:</p>		
PRINT NAME	PHONE NUMBER (WITH AREA CODE)	DATE
PRINT TITLE		
For ALTSA / RCS Use Only		

Please type or print clearly. Answer all questions and follow all instructions. Please refer to WAC 388-76-10030. It is the responsibility of the licensee to submit a complete form and fee. Contact 360-725-3700 if you have questions about this form. This form may be photocopied.