

## Resources / Instructions for Completing an Adult Family Home License Application, DSHS 10-410

The information below is to provide general guidance for completing the Adult Family Home (AFH) License Application. All fields in the application must be completed or write N/A if the question does not apply. Copies of all required documents must accompany the application. Incomplete application packets will delay the licensing process. For current providers applying to open additional home(s) the following [RCW 70.128.065](#) applies.

**Please note:** Do not include this resource document when submitting the application packet. Do not staple and/or bind submitted documents.

The application will become **void** if the information is not returned to DSHS within sixty calendar days of the first request for additional information from DSHS for an incomplete application or has not obtained an adult family home license within one calendar year of first submitting the application to DSHS per [\(WAC\) 388-76-10075](#).

### Section 1. Type of Application

Check the box that applies.

**Initial Application:** This application is for a proposed adult family home that is not currently licensed.

**Change of Ownership (CHOW):** This application is for an adult family home currently licensed that is changing ownership or a current owner changing the business structure, e.g., a Sole Proprietor changing to a Limited Liability Corporation.

**Relocation:** This application is to change the adult family home location or address.

### Section 2. Proposed Adult Family Home Information

If mailing address is the same as the physical address, write N/A.

The email address listed in Section 2 will be the main point of contact during the application process.

### Section 3. Property Owner(s) Information

If the property owners are not listed elsewhere in the application, you must submit a written statement from **all property owners** stating they are aware the home will be used as an adult family home. Property ownership will be verified with the **County Assessor**.

An active interest includes but is not limited to:

- (a) The charging of rent as a percentage of the business;
- (b) Assistance with start-up and/or operational costs;
- (c) Collection of resident fees;
- (d) Recruitment of residents;
- (e) Management oversight;
- (f) Assessment and/or negotiated care plan development of residents; or
- (g) The provision of personal or special care of residents.

**Please note:** If the location of the AFH has or plans to have a septic system, the applicant must provide a written document from their local health authority stating the following:

1. Septic system inspected and approved by the local health authority or an approved contracted septic company.
2. Local health authority is aware the location will be utilized as an AFH.
3. The document must clearly state how many people (not bedrooms) can be accommodated by the septic system.

This documentation does not need to be submitted with the AFH application, but is required prior to the home being recommended for licensure. Additional information about this requirement is located at <http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>.

### Section 4. Federal Employer Identification Number (EIN)

Provide the nine (9) digit Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS). To obtain an EIN contact the [IRS](#) at 1-800-829-4933.

**Section 5. Legal Entity Information (Legal Business Name) Sole Proprietor, Skip to Section 7.**

If the business structure is a Sole Proprietorship, skip this section and move to Section 7.

Complete this section only if the business is a corporation, partnership, limited liability company (LLC), non-profit, or other entity.

**Please note:** If the legal business name contains, “adult family home” on the IRS documentation, do not abbreviate, “AFH”.

**Section 6. Individuals Affiliated with Legal Entity**

List all partners, owners, officers, directors and/or members of the legal entity and any percentage of ownership for each individual.

**Section 7. Sole Proprietor or Entity Representative Information**

The application packet must include copies of all required documentation as listed below - Minimum Qualifications for Sole Proprietor or Entity Representative.

- AFH Orientation Certificate
- Proof of Education
- Administrator Training Certificate
- First Aid / CPR Training Certificate
- Home Care Aide Certification or Proof of Exemption per WAC 388-112A
- 1000 Hours Caregiving Experience Attestation
- Food Safety Training Certificate

For additional information about sole proprietor or entity representative qualifications refer to [WAC 388-76-10130](http://WAC 388-76-10130)

**Section 8. Married Couple or State Registered Domestic Partner Information (Sole Proprietor’s Only)**

If the sole proprietor has a spouse or SRDP this section must contain their information even if the spouse will not be actively involved in the operation of the adult family home.

Couples who are legally married or domestic partners under Washington state law may apply as co-providers. When applying as co-providers, the application packet must include copies of all required documentation as listed on Page 4 and 5 - Minimum Qualifications for Adult Family Home License.

- AFH Orientation Certificate
- Proof of Education
- Administrator Training Certificate
- First Aid / CPR Training Certificate
- Home Care Aide Certification or Proof of Exemption per WAC 388-112A
- 1000 Hours Caregiving Experience Attestation
- Food Safety Training Certificate

**Section 9. Resident Manager Information**

The application packet must include copies of all required documentation as listed below - Minimum Qualifications for Resident Manager.

- Proof of Education
- First Aid / CPR Training Certificate
- Administrator Training Certificate
- Home Care Aide Certification or Proof of Exemption per WAC 388-112A
- 1000 Hours Caregiving Experience Attestation
- Food Safety Training Certificate

For additional information about Resident Manager qualifications refer to [WAC 388-76-10130](http://WAC 388-76-10130)

**Section 10. Specialty Training**

The application packet must include Specialty Training Certificates for the provider, entity representative, resident manager, spouse co-provider or SRDP for each specialty care the adult family home will provide.

- Manager Dementia Specialty Training
- Manager Mental Health Specialty Training
- Developmental Disability Specialty Training

For additional information about Specialty Training, refer to [WAC 388-112A-0400](http://WAC 388-112A-0400).

### Section 11. Licensing, Contracting and Certification History

**Question 1:** This must include all Owners, Officers, Directors and/or Members of a legal entity.

**Question 2:** This includes individual provider contracts.

**Question 3:** This includes Sole Proprietor or Entity Representative, Owners, Officers, Directors and/or Members of a legal entity and any person(s) who will live in the adult family home. This does not include residents or any person under the age of 11.

**Question 4:** This must include all Owners, Officers, Directors and/or Members of a legal entity.

**Question 5:** This must include all Owners, Officers, Directors and/or Members of a legal entity.

### Section 12. Background Information

List any person(s) who will be living in the adult family home at the time of application and/or after licensure excluding residents or any person under the age of 11.

Go to <https://fortress.wa.gov/dshs/bcs/> and complete the online Background Check Authorization form. Once complete, select the print and save option. This will generate a PDF copy of the authorization form. Print and submit the completed background authorization form that contains the confirmation code located in the upper right hand corner for each person listed in Section 12.

If a DSHS fingerprint check was performed on any person listed in Section 12 after January 1, 2012, submit the "final results" with application packet.

### Section 13. Current Employee of the State of Washington

A current employee of the State of Washington does not include payments received from services provided through ProviderOne or Individual ProviderOne.

### Section 14. Consent to Release and/or Use Confidential Information

Each person listed in Section 12 must read and sign in Section 14.

### Section 15. Applicant Certification Signature

Signature of Sole Proprietor or Entity Representative is required.

### Section 16. Spouse / SRDP Certification Signature

Signature is only required if applying as a Married Couple / SRDP and you will be co-providers of the Adult Family Home.

### Adult Family Home Application Checklist

The checklist below is to help support the applicant in the application process for an Adult Family Home. **Please do not submit the Resources / Instructions / Checklist when submitting the application.**

Did you include in your application packet:

- Check or money order for the applicable fee made payable to: Washington State Treasurer
- Copy of your AFH Orientation Certificate or a copy of your adult family home license unless you are a currently licensed AFH provider
- Copy of document issued by IRS showing EIN for the applicant
- Copy of Minimum Qualification documents for applicant / entity representative (Section 7)
- Copy of Minimum Qualification documents for spouse / SRDP if applicable (Section 8)
- Copy of Minimum Qualification documents for resident manager (Section 9)
- Copy of Specialty Training Certificates (Section 10)
- Copy of Government issued Photo ID for Sole Proprietor / Entity Representative and Resident Manager
- Copy of completed Background Authorization form for each person listed in the application (see Section 12)
- Copy of DSHS fingerprint results if completed after January 1, 2012
- Copy of the Adult Family Home floor plan

- Copies of the following policies:
  - Medication disposal per [WAC 388-76-10490](#)
  - Accepting Medicaid residents per [WAC 388-76-10522](#)
  - Abuse, neglect and exploitation per [WAC 388-76-10675](#)
  - Contacting emergency medical services per [WAC 388-76-10250](#)
- Copy of your adult family home Notice of Rights and Services Requirements for:
  - Private pay residents
  - Medicaid eligible residents if applicable
- Copy of [Disclosure of Services form \(DSHS 10-508\)](#)
- Copy of your adult family home disaster plan
- Letter from **all property owners** stating they're aware the home will be used as an adult family home
- If you are applying for a license for an adult family home that is not currently licensed:
  - Copy of a completed and signed Adult Family Home Local Building Inspection Checklist
- If you are applying for a license for an adult family home that is currently licensed to someone else
  - [Adult Family Home License Relinquishment Letter \(DSHS 10-412\)](#) completed by current licensee
  - Copy of 60-day change of ownership (CHOW) notice given to residents that meets [\(WAC 388-76-10106\)](#)
- If you are applying to change the AFH location or address:
  - Copy of 30-day notice given to residents [\(WAC 388-76-10110\)](#)

### Minimum Qualifications for Adult Family License

#### **Education:**

1. A United States high school diploma or general education development (GED) certificate, or any English translated government document of the following:
  - a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction (which is the equivalent of grades 1-12 in the U.S.). If so, you must include a copy of the diploma (foreign language with English translation) and proof of the required number of hours (foreign language with English translation).
  - b) Graduation from a foreign college, foreign university, or United States accredited community college with a two-year diploma, such as an Associate's degree. Include a copy of the diploma (foreign language and English translation).
  - c) Admission to, or completion of course work at a foreign or United States accredited college or university for which credit were awarded. Include a copy of the transcript(s) of credits (foreign language and English translation).
  - d) Graduation from a foreign or United States accredited college or university, including award of a Bachelor's degree. Include a copy of the diploma (foreign language and English translation).
  - e) Admission to, or completion of postgraduate course work at a United States accredited college or university for which credits were awarded, including award of a Master's degree. Include a copy of the transcript(s) of credits.
  - f) Successful passage of the United States board examination for registered nursing or any professional medical occupation for which college or university education was required. Attach a copy of the license. Note: This does not include a Certified Nursing Assistant.
2. **AFH Orientation** Certificate or a copy of your current adult family home license. Orientation is required for the provider, and spouse co-applicant, State Registered Domestic Partner co-applicant, or entity representative.
  - a) Completion of the AFH Orientation class must have been within the last 12 months unless you currently have an AFH license or have had an AFH license within the last 12 months.
  - b) The application will be incomplete if the orientation certificate shows that the class occurred more than 12 months from the date the application was received by DSHS. In that case, you will have to retake the class before submitting another application.

## Minimum Qualifications for Adult Family License

### 3. **Home Care Aide Certification:**

a) Home Care Aide Certification as required by [WAC 388-112A-0105](#) (include copy of Home Care Aide certificate from Department of Health (DOH) for applicant, co-applicant, entity representative, and resident manager).

**OR**

1) Is exempt from Home Care Aide Certification, under [RCW 18.88B.041](#). If exempt, include copy of the following for the applicant, co-applicant, entity representative, and resident manager: Qualifying professional credential; or

4. Verification of employment between 01/01/2011 and 01/06/2012; and certificate of required caregiving training. Employment verification may be submitted on [form DOH 675-006](#) or submit a letter from the employer indicating dates of employment, and the worker's job title and description. **Administrator Training:** Completed DSHS approved Administrator Training for adult family homes, under [WAC 388-76-10064](#) and [WAC 388-112A](#) facilitated through an approved community college. Administrator training is not required for resident manager.

### 5. **1000 Hours Caregiving Experience:**

a) Completed at least one thousand hours in the previous sixty months of successful direct caregiving experience obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. [Caregiving Experience Attestation \(CEA\)](#) form is required.

**OR**

b) A current, valid physician license under [Chapter 18.71 RCW](#), osteopathic physician license under Chapter [18.57 RCW](#), osteopathic physician assistant license under Chapter [18.57A RCW](#), physician assistant license under Chapter [18.71A RCW](#) or RN, ARNP or LPN license under Chapter [18.79 RCW](#) attach a copy of the license to the application packet. Please note if you possess one of the above licenses, no attestation is required.

### 6. **CPR:**

A valid cardiopulmonary resuscitation (CPR) certificate as required in [WAC 388-112A-0720](#). This training usually provided by the American Heart Association and the Red Cross but there may be other training entities. **An on-line course does not meet this requirement.** Copy both sides of the card/certificate if two sides are completed.

### 7. **First Aid:**

A valid first-aid card or certificate as required in [WAC 388-112A-0720](#). First aid certification can be completed at the same time as CPR. Copy both sides of the card/certificate if two sides are completed.

### 8. **Food Safety:**

A valid Food Safety Certificate or Core Basic Training Certificate or completed Food Safety Course during the Fundamentals of Caregiving or a valid Department of Health Food Handler's Card as required in [WAC 388-112A-0310](#).

Submit your application, supporting documents and application fee payable to Washington State Treasurer:

#### For US Postal Mail:

ALTSA Finance and Contracts  
PO Box 45600  
Olympia, WA 98504-5600

#### For Federal Express:

ALTSA Finance and Contracts  
4450 10<sup>th</sup> Ave SE (Blake West)  
Lacey, WA 98503

**\* Please do not submit this Resources / Instructions Checklist document when submitting the application.\***

If you have questions about completing the application, please email the Business Analysis and Applications Unit (BAAU) at [BAAU@dshs.wa.gov](mailto:BAAU@dshs.wa.gov) or call 360-725-2573, we will respond within 48 hours.