

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

When your application for an Adult Family Home License is received by DSHS, you will be notified of any outstanding documentation via email once the application has been reviewed. All information must be printed clearly within all documents submitted. It is your responsibility to submit ALL required forms. Do not staple and/or bind submitted documents.

The application will become **void** if not returned to DSHS within 60 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 new 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:** Only select this box if a current licensed adult family home is relocating. Only add the current license number and address if the home is currently licensed and relocating.

### Section 2. Proposed Adult Family Home Information

**Proposed Adult Family Home:** If different from the legal entity name, it must be a registered trade name through the Department of Revenue.

**Street Address:** The physical location of the adult family home.

**Mailing Address:** If different from physical location of the adult family home.

**Email Address:** This will be the **main point of contact during the application process**.

**Phone, Fax and Cell Phone Numbers:** For the adult family home.

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

**Property Owners Name:** The name(s) must match county assessor record for the property.

**Property Owners Physical Address:** If the property owner(s) do not live in the adult family home, a physical location where they reside is required in this section. A P.O. Box is not acceptable.

**Property Owners Active Interest:** Indicate if the property owner(s) will have an active interest in the adult family home. An active interest includes but not limited to: [Per WAC 388-76-10095\(2\)](#)

**Written Statement:** A statement from all property owner(s) granting permission to use the property for an adult family home.

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

**Applicant's EIN Number:** 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. Sole Proprietor, Skip to Section 7. Legal Entity Information (Legal Business Name)

**Legal Name of Entity:** This is the Entity name listed through the Department of Revenue (DOR) and Secretary of State's Office (SOS). This name must match exactly.

**Please note:** If the legal entity or business name contains, "Adult Family Home," do not abbreviate AFH. Spell all words out. This name must match exactly as listed on the Department of Revenue and Internal Revenue Service (IRS) business record.

**Mailing Address:** Mailing address for the legal entity.

## Section 6. Individuals Affiliated with Legal Entity

**Name of Person:** Name the person(s) as listed by the Department of Revenue (DOR) and Secretary of State's Office (SOS) as governing person(s).

**Title or Position:** Indicate if they are a partner, owner, officer or member of the legal entity.

**Social Security Number:** This is the number issued to an individual by the Social Security Administration.

**Date of Birth:** Date of birth for each individual affiliated with the entity in the following format 00/00/0000.

**Percent of Ownership:** List the percentage of ownership for the individuals affiliated with the adult family home. This should total 100% unless the entity is a non-profit corporation. The percentage of ownership for a no-profit corporation should be zero.

## Section 7. Sole Proprietor or Entity Representative Information

**Name of Sole Proprietor:** As listed by the Department of Revenue (DOR) and Internal Revenue Services (IRS) business record.

**Name of Entity Representative:** Indicate the person designated by the legal entity who is responsible for overseeing the operation of the home. The entity representative does not hold the license on behalf of the legal entity and will be the point of contact during the licensing process.

In addition to [WAC 388-76-10130](#). A copy of the following documents required with the application.

- AFH Orientation Certificate
- Proof of Education
- Administrator Training Certificate
- First Aid / CPR Training Certificate
- Home Care Aide Certification or Proof of Exemption per [WAC 246-980-](#)
- 1000 Hours Caregiving Experience Attestation
- Food Safety Training Certificate

Per [WAC 388-76-10090\(f\)](#) An Entity Representative can only be designated to one legal entity at a time.

Find a Training Class <https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>

## Section 8. Sole Proprietors Only. Married Couple or State Registered Domestic Partner Information

Per [WAC 388-76-10080](#) Married couples and/or SRDP may apply to be co-providers, if they are both qualified.

**Indicate by marking yes or no if applying as a Married Couple or SRDP:** Couples who are legally married or domestic partners under Washington state law may apply as co-providers.

**Name of married couple or domestic partner:** List the last, first and middle name of the spouse/partner.

In addition to [WAC 388-76-10130](#), the following items are required with the application.

- AFH Orientation Certificate
- Proof of Education
- Administrator Training Certificate
- First Aid / CPR Training Certificate
- Home Care Aide Certification or Proof of Exemption per [WAC 246-980-025](#)
- 1000 Hours Caregiving Experience Attestation
- Food Safety Training Certificate

Find a Training Class <https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>

## Section 9. Resident Manager Information (Required)

**Name of Resident Manager:** Last, First, Middle

In addition to [WAC 388-76-10130](#), a copy of the following items required with the application.

- Proof of Education
- First Aid / CPR Training Certificate
- Home Care Aide Certification or Proof of Exemption per [WAC 246-980-025](#)
- 1000 Hours Caregiving Experience Attestation
- Food Safety Training Certificate

Per [WAC 388-76-10129\(2\)](#) A Resident Manager can only be designated to one facility at a time

Find a Training Class <https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>

### Section 10. Specialty Training

**Check all that apply:** Indicate the specialties you intend to provide within the home and submit the corresponding training certificates. Mental Health and Dementia Specialties require the Manager Level certifications. If you do not intend to provide these types of specialties, please mark the correct box.

For additional information refer to <https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>.

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

This section applies to any person(s) named within the application.

If marked yes to any questions in Section 11, provide the following information:

- Name of person and/or entity
- Type of license, contract and/or certification
- Name and address of facility
- Type of finding and/or conviction

### Section 12. Current Employee of the State of Washington

List the full name of the person(s) and the department of employment.

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

### Section 13. Background Information

List any person(s) who will be living in the adult family home at the time of application, during initial inspection **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 on-line 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 with the AFH application packet the completed background authorization form containing the confirmation code located in the upper right hand corner for each person listed in this section.

If a DSHS fingerprint check performed on any person listed in Section 12 after January 1, 2012, submit the "Final Fingerprint Result" with the AFH application packet. To obtain a copy of the Final Fingerprint Results, contact the [Background Check Central Unit \(BCCU\)](#) to complete an [Applicant Request for a Copy of Background Check Information](#) (DSHS 27-110).

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

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

### Section 15. Applicant Certification Notification

Read certification prior to signing application in Section 16.

### Section 16. Applicant Certification Signature

The signature of the Sole Proprietor or Entity Representative is required in this section.

### Section 17. Spouse Co-Provider / SRDP Certification Signature

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

### Additional Content Needed for the Adult Family Home Application

**Please do not submit this Resources / Instructions Checklist document when submitting the application. Do not staple or bind the AFH Application packet and/or additional documentation.**

The application packet must include copies of all required documentation as listed below - Minimum Qualifications for Sole Proprietor or Entity Representative refer to [WAC 388-76-10130](#)

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.

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

**For US Postal Mail:**

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

**For Federal Express:**

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

#### Business Verification Documentation

- Department of Revenue (DOR)
- Secretary of State (SOS)
- Internal Revenue Services (IRS)

#### Government Issued Identification

- Entity Representative
- Resident Manager
- Sole Proprietor

#### Qualifications – Entity Representative / Sole Proprietor / Married Couple Applying as Co-Providers

- Copy of AFH Orientation Certificate
- Proof of Education
- Adult Family Home Caregiving Experience Attestation
- Adult Family Home Administrator Training
- Current First AID/CPR
- Food Handlers Certification
- Proof of Licensure Through Department of Health or Proof of Exemption Documentation
- Specialty Training Certificates

#### Qualifications – Resident Manager

- Proof of Education
- Adult Family Home Caregiving Experience Attestation
- Current First AID/CPR
- Food Handlers Certification
- Proof of Licensure Through Department of Health or Proof of Exemption Documentation
- Specialty Training Certifications

#### Background Authorization Forms

- Copy of completed Background Authorization form for each person listed in the application (Sections 12 and 14) using this URL <https://fortress.wa.gov/dshs/bcs/>.
- Copy of DSHS fingerprint results if completed after January 1, 2012

#### Adult Family Home Building Inspection Checklist and Floor Plan

- Adult Family Home [Building Inspection Checklist](#)
- Adult Family Home Floor Plan (8.5 X 11)

If the application is for a Change of Ownership (CHOW) only submit the floor plan.

**Adult Family Home Policies**

- Accepting Medicaid residents per [WAC 388-76-10522](#)
- Medication disposal per [WAC 388-76-10490](#)
- 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 and Medicaid eligible residents.
- Copy of [Disclosure of Services form \(DSHS 10-508\)](#)
- Copy of your adult family home Disaster Plan

**Change of Ownership This information is not required for initial licensure**

- [Adult Family Home License Relinquishment letter \(DSHS 10-412\)](#). All current licensee(s) must sign and date the letter.
- Copy of 60-day change of ownership, (CHOW) notice given to residents that meets all requirements of this [WAC 388-76-10106](#)

**Adult Family Home Relocation This is not required for CHOW or initial licensure**

- Copy of 30-day notice given to residents per [WAC 388-76-10110](#)