Adult Family Home Information Changes

FACILITY NAME
LICENSE NUMBER

Did Facility Information change? ☐ **Yes** ☐ **No** — **If yes, complete applicable change(s) below.**

NEW FACILITY NAME (ATTACHE COPY OF WASHINGTON (WA) BUSINESS LICENSE SHOWING REGISTERED TRADE NAME)			
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY NUMBER (WITH AREA CODE)	CONFIDENTIAL FAX NUMBER (WITH AREA CODE)	CELL PHONE NUMBER (WITH AREA CODE)	
EMAIL ADDRESS	WEBSITE		

Did Entity Information change? ☐ **Yes** ☐ **No** — **If yes, complete applicable change(s) below.**

NEW LEGAL ENTITY NAME (ATTACH COPY OF WA BUSINESS LICENSE AND INTERNAL REVENUE SERVICE EIN VERIFICATION DOCUMENTATION)			
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	CELL PHONE NUMBER (WITH AREA CODE)	

Did Specialty Designations change? ☐ **Yes** ☐ **No** — **If yes, complete applicable change(s) below.**

	ADDED	ENDED	CHANGE ER / RM
Dementia	☐	☐	☐
Mental Health	☐	☐	☐
Developmental Disabilities	☐	☐	☐

Did Resident Manager change? ☐ **Yes** ☐ **No** — **If yes, all information in this section is required.**

☐ New Resident Manager meets qualifications in Chapter 388-76 WAC.

OUTGOING RESIDENT MANAGER NAME			END DATE
INCOMING RESIDENT MANAGER NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	START DATE

Did Entity Representative change? ☐ **Yes** ☐ **No** — **If yes, all information in this section is required.**

☐ New Entity Representative meets qualifications in Chapter 388-76 WAC.

OUTGOING ENTITY REPRESENTATIVE NAME			END DATE
INCOMING ENTITY REPRESENTATIVE NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	START DATE

Signature of Licensee

Form submitted without signature will not be processed.

I attest that all above changes are true and accurate. Forms without a signature will be rejected.	**SIGNATURE OF LICENSEE**	DATE

Please email completed Adult Family Home Information Changes form to BAAU@dshs.wa.gov.

BAAU Use Only			
☐ FMS	CURRENT ER ☐ Yes ☐ No	ENTERED BY:	DATE ENTERED
New license required (street address or specialties updated)? ☐ Yes ☐ No			DATE LICENSE MAILED
Contracts notified of changes (facility name or address)? ☐ Yes ☐ No			DATE CONTRACTS NOTIFIED
☐ Not processed; returned to **Licensee**.			DATE RETURNED TO LICENSEE