

ICF / IID Information Changes

FACILITY NAME
LICENSE NUMBER
CMS FEDERAL NUMBER

Did facility information change? Yes No **If yes, complete applicable change(s) below.**

NEW FACILITY NAME (ATTACH LETTER FROM LICENSEE AND COPY OF 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 Administrator change? Yes No **If yes, all information below is required.**

OUTGOING ADMINISTRATOR NAME	END DATE
INCOMING ADMINISTRATOR NAME	START DATE

Did DNS change? Yes No (RHC Required) **If yes, all information below is required.**

New DNS meets qualifications in Chapter 388-97 WAC.

OUTGOING DNS NAME	END DATE	LICENSE NUMBER	LICENSE EXPIRATION DATE
INCOMING DNS NAME	START DATE	LICENSE NUMBER	LICENSE EXPIRATION 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
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Please email completed form to BAAU@dshs.wa.gov.

BAAU Use Only

ENTERED BY: <input type="checkbox"/> FMS	DATE ENTERED
<input type="checkbox"/> Change form emailed to RCS Staff	DATE FORM EMAILED
<input type="checkbox"/> Not processed; returned to Service Provider	DATE RETURNED TO LICENSEE