



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Long-Term Services Administration • Residential Care Services
PO Box 45600, Olympia WA 98504-5000

Date

Sent via email

Applicant's Name
Mailing Address

RE: Adult Family Home's Name

Dear Mr. / Ms. Applicant's Last Name,

Our records show that you submitted an application for an Adult Family Home (AFH) license on Date. The Department's Business Analysis and Application Unit (BAAU) processed and accepted your application, forwarding it to the Residential Inspection and Quality Assurance program on Date.

History of Contact: List date / contact and results.

Table with 3 columns: DATE, CONTACT INFORMATION, RESULTS. It contains three empty rows for data entry.

On Date, in a conversation with Licensor Name, you indicated you were not ready for an initial licensing inspection because:

Based on your Date written request, the Department agrees to postpone your initial licensing inspection.

You must:

- Notify this office in writing to request scheduling an inspection; and
Be ready for the schedule inspection.

Send written notice to: Assigned Initial Licensor's Name at Assigned Initial Licensor's Email Address

You must not:

- Operate as an AFH until you have a license; or
Admit more than one resident until you have a license.

After the "12 Month Date:"

- The Department will void your application and close your file; and
If you wish to become licensed as an AFH, you will have to reapply to the Department's Business Application and Analysis Unit (BAAU).

Please Note:

- Scheduling another initial licensing inspection visit can take up to four (4) weeks after we receive your written request. You must allow time to schedule the inspection and meet the minimum licensing requirements.
- Failure to contact the Department at least 60 days prior to your "12 Month Date" to discuss scheduling your initial licensing inspection visit may result in not having enough time to complete the licensing process. **The Department may void your application and close your file.**

If you have any questions:

Please **Name** contact at **Phone Number (include area code)**.

cc: Application File
Name, Licensor