DSHS
WASHINGTON STATE
Department of Social and Health Services

Home and Community Living Administration

Residency Agreement Language

Effective January 1, 2026, for existing and future residents with Medicaid as a payor, Home and Community Based facilities must complete a signed, written Residency Agreement with each resident.

You may use the language below to create your own Residency Agreement or add the language to your admission documents.

Either way, pursuant to WAC 388-78A-2651(5) for Assisted Living Facilities (ALF), WAC 388-76-10506(5) for Adult Family Homes (AFH), and WAC 388-107-0161(5) for Enhanced Services Facilities (ESF), the residency agreement must be in substantially the following form:

Your facility name agrees to comply with the long-term care resident's rights statute transfer and discharge requirements pursuant to RCW 70.129. Subject to legislative appropriation **resident name** has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at (888) 437-0017.
Signature of Resident Date
If signed by legal representative, print name here.
Signature of Legal Representative Date

For additional resources and information, the Department has updated the following **optional** forms for use by AFH, ALF, and ESF:

- DSHS 15-458 AFH / ALF / ESF Notice of Transfer or Discharge
- DSHS 16-280 Individual Home and Community Based Settings (HCBS) Checklist for Residential Provider Resource
- DSHS 10-270 AFH / ALF / ESF Admission Agreement(s) Attestation