

# Adult Family Home Policies and Procedures Attestation

\_\_\_\_\_ declares and states as follows:  
(Print Name)

1. I am the Applicant / Entity Representative of \_\_\_\_\_ and attest  
(Name of Home)  
that the information provided in this document is based on personal knowledge, and I have been duly authorized by the Home to make the representations stated herein.
2. I hereby certify that \_\_\_\_\_ has developed and will implement  
(Name of Home)  
the policies and procedures necessary to:
  - Maintain or enhance the quality of life for residents including resident decision-making rights and mandated reporting requirements;
  - Provide the necessary care and services for residents, including those with special needs;
  - Safely operate the home; and
  - Operate in compliance with applicable state and federal laws including, but not limited to, Chapters [70.128](#), [70.129](#), and [74.34](#) RCW, and any applicable rules under these statutes.
3. I also certify that the home's policies and procedures agree with all of the laws and rules that apply to the home and the home's operations. At a minimum the policies and procedures cover all of the care and services the home provides. These policies include, but are not limited to, the following:
  - 1) Notice of Rights and Services provided in the home, consistent with WAC [388-76-10530](#);
  - 2) Accepting Medicaid as a payment, consistent with WAC [388-76-10522](#);
  - 3) Medication Disposal, consistent with WAC [388-76-10490](#);
  - 4) Response to medical emergencies, consistent with WAC [388-76-10250](#);
  - 5) Preventing and responding to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident, consistent with WAC [388-76-10675](#);
  - 6) Disclosure of Services form (DSHS [10-508](#)), consistent with WAC [388-76-10532](#);
  - 7) Emergency and Disaster Plan, consistent with WAC [388-76-10830](#); and
  - 8) [Respiratory Protection Program](#), consistent with Labor and Industries regulations.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

I understand I am required to maintain the policies in Section 3 and make them available to department staff upon request.

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|--|--------------|
| Signature (for sole proprietors one or both applicants may sign) | Date         |
| Printed Name   | Title / Role |