|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | RESIDENTIAL CARE SERVICES (RCS)  **Adult Family Home (AFH) Personnel Changes** | | | | | ADULT FAMILY HOME NAME | | | |
| LICENSE NUMBER | | UBI NUMBER | |
| This form should be used in compliance with Washington Administrative Code (WAC) [388-76-10041](https://apps.leg.wa.gov/wac/default.aspx?cite=388-76-10041) to notify the department when officers, directors, members, or owners change. If a change of ownership as defined under WAC [388-76-10105](https://apps.leg.wa.gov/wac/default.aspx?cite=388-76-10105) is required, please complete the online [Adult Family Home Online Application](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fbaau.dshs.wa.gov%2F&data=05%7C02%7CColleen.Jensen1%40dshs.wa.gov%7C14f64688b8e54bf722fd08dceef45cc9%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638647981007840306%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=PtcUM8swzwgEl1l4gNcD7SG2lsqx8ErLbryECsG0vjc%3D&reserved=0) and do not use this form.  **I am notifying the department that my adult family home is (please check all that apply):**  Adding someone to the entity  Removing someone from the entity  **Instructions – Incomplete forms will not be accepted:**  1) List all the officers, directors, members, and owners that will be affiliated with the entity after the proposed change.  2) Complete all columns for each person listed. The percentage of ownership should total 100%, except in the case of non-profit corporations.  3) Attach copies of Background checks and Final Fingerprint results conducted in compliance with WAC 388-76-10160 through 1081. \*Attach copy of RCS Character, Competence, and Suitability (CCS) review form, if applicable.  4) Attach a signed and dated relinquishment statement from each officer, director, member, or owner who is to be removed from affiliation with the entity.  5) Email the completed form and applicable attachments to [BAAU@dshs.wa.gov](mailto:BAAU@dshs.wa.gov). | | | | | | | | | |
| NAME (FIRST, MIDDLE, LAST) | DATE OF BIRTH (MM/DD/YYYY) | ROLE IN THE OPERATION OF THE ADULT FAMILY HOME | HAS CONTROL\* OF THE PROVIDER? | % OF OWNERSHIP (FOR NON-PROFIT CORPORATIONS, THIS SHOULD BE 0) | | | [Background Check Central Unit | DSHS](https://www.dshs.wa.gov/ffa/background-check-central-unit)  COPIES OF BACKGROUND CHECKS AND FINAL FINGERPRINTS ATTACHED? | | SIGNATURE OF INDIVIDUAL |
|  |  |  | Yes  No | **%** | | | Yes | |  |
|  |  |  | Yes  No | **%** | | | Yes | |  |
|  |  |  | Yes  No | **%** | | | Yes | |  |
|  |  |  | Yes  No | **%** | | | Yes | |  |
|  |  |  | Yes  No | **%** | | | Yes | |  |
| **\* Control** means the possession, directly or indirectly, of the power to direct the management, operation, and/or policies of the adult family home, whether through ownership, voting control, by agreement, by contract or otherwise. (WAC [388-76-10105](https://apps.leg.wa.gov/wac/default.aspx?cite=388-76-10105))  **By signing this form, I attest on behalf of this entity that everyone listed on this form meets the qualifications required for their position under WAC Chapter** [**388-76**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-76) **and WAC Chapter** [**388-112A**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-112A)**. I also attest that residents have been notified of this change.** | | | | | | | | | |
| SIGNATURE OF PERSON COMPLETING THIS FORM DATE | | | | | PRINT NAME HERE | | | | |
| EMAIL ADDRESS | | | | | TITLE | | | | |