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|  | RESIDENTIAL CARE SERVICES (RCS)  ADULT FAMILY HOME (AFH)  **AFH Change in Licensed Bed Capacity - Decrease** | | |
| There is no fee to decrease the number of licensed beds. There is NO REFUND of any portion of the per bed fee you paid. You must have a minimum of two (2) licensed beds to be an Adult Family Home.  Email the completed form to Business Operations and Analysis Unit (BOA) at [RCSBOA@dshs.wa.gov](mailto:RCSBOA@dshs.wa.gov) or mailing it to BOA, PO Box 45600, Olympia WA 98504-5600. | | | |
| AFH NAME | | AFH LICENSE NUMBER | COUNTY |
| Licensed bed change: Capacity **DECREASE** of  beds  TOTAL number of beds to be licensed:  Name and phone number of the primary contact for questions: | | | |
| PRINT NAME | | PHONE NUMBER (WITH AREA CODE) | DATE |
| PRINT TITLE | |
| **For ALTSA / RCS Use Only** | | | |
|  | | | |
| Please type or print clearly. Answer all questions and follow all instructions. Please refer to WAC 388-76-10030. It is the responsibility of the licensee to submit a complete form and fee. Contact 360-725-3700 if you have questions about this form. This form may be photocopied. | | | |