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| Logo for the Washington State Department of Social and Health Services featuring three people, arms interconnected, inside an outline of the state of Washington.  Aging and Long-Term Support Administration (ALTSA)  **Adult Family Home Applicant Attestation Concerning Household Members and Background Check Requirements**  I, **Adult Family Home Applicant's Name**, understand I am responsible for implementing all background check requirements in [Chapter 388-76 WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76), including but not limited to, requirements for background checks of household members over the age of eleven who may have unsupervised access to Adult Family Home (AFH) residents in accordance with [WAC 388-76-10160](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10160), [10161](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10161), [10163](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10163), [101631](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-101631), and [10166](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10166). “Household member” means a person who uses the address of the Adult Family Home as their primary address and who is not a resident [WAC 388-76-10000](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10000).  If any household member over the age of eleven has not met the background check requirements under [Chapter 388-76 WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76), and I cannot ensure that that household member will not have unsupervised access to residents, then I attest that such individual will no longer be a household member at **Name of Adult Family Home** and will move out of the home. I attest that the following individual(s) are no longer household members at **Name of Adult Family Home** and have moved out as of the date listed next to their name(s):  **First and Last Name**, **Date (MM/DD/YYYY)**  **First and Last Name**, **Date (MM/DD/YYYY)**  **First and Last Name**, **Date (MM/DD/YYYY)**  **First and Last Name**, **Date (MM/DD/YYYY)** |
| AFH Applicant’s Signature Date |
| Printed AFH Applicant’s Name  **AFH Applicant's Name** |