



# Adult Family Home License Web Application

Version 1.5

March 2024

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## Adult Family Home Application Documents

Supporting Documentation		
Document Name	Required	Roles
Internal Revenue Service (IRS) - EIN Assignment Letter (To obtain an EIN contact the IRS at 1-800-829-4933)	Required	
Master Business license		
Secretary of State Document		
Property Owner(s) Written Statement	Required if property owner not listed as other role in AFH Organization	Property Owner
<a href="#">Proof of Education - WAC-388-76-10130(2)</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Government Issued Identification	Required	Sole Proprietor, Co-Applicant, Entity Representative
<a href="#">Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)</a>		Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Adult Family Home Administrator Training Certificate	Required	Sole Proprietor, Co-Applicant, Entity Representative
<a href="#">First Aid/CPR Certificate(s) – This course must be taken in person per WAC 388-112A-0710</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
<a href="#">Washington State Food Worker Card</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
<a href="#">Home Care Aide Certification or Proof of Exemption per WAC 246-980-025</a>	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Dementia Specialty Training	Required if providing support for dementia	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Mental Health Specialty Training	Required if providing support for mental health	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Developmental Disability Training	Required if providing support for developmental disabilities	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
<a href="#">Background Check Authorization (DSHS 09-653)</a>	Required	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Non-Resident Living In Home, Spouse or domestic partner of an entity representative with an ownership interest in the business
DSHS Fingerprint Results	May be provided after submitting application - Required for final license approval	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Spouse or domestic partner of an entity representative with an ownership interest in the business
<a href="#">Consent to Release and/or Use Confidential Information (DSHS 27-222)</a>	Required	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Non-Resident Living In Home, representative with an ownership interest in the business
<a href="#">Adult Family Home Building Inspection Checklist</a>	Required for Initial and Relocation Applications	
Adult Family Home Floor Plan	Required	
<a href="#">Adult Family Home Policies and Procedures Attestation (DSHS 27-223)</a>	Required	
<a href="#">Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)</a>	Only required if the Adult Family Home will use a management company	
<a href="#">Adult Family Home Disclosure of Services (DSHS 10-508)</a>	Required	
<a href="#">Adult Family Home License Relinquishment Letter (DSHS 10-412)</a>	Required if Change of Ownership Application	
<a href="#">60-Day Change of Owner Notice to residents – WAC 388-76-10106</a>	Required if Change of Ownership Application	
<a href="#">30-Day Notice to residents – WAC 388-76-10110</a>	Required if Relocation Application	

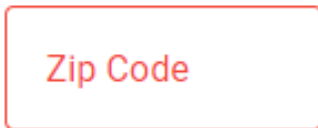
## Things to Remember When Completing the Application

1. If the adult family home name or legal entity has the following symbols, do not use them: &, =, or +. There is a technical issue, and we ask that you replace them doing the following:

(and)  
(equals)  
(plus)

For each one of these, make sure to include the parentheses.

2. The page currently be worked on must be completed and saved before the next page is available.
3. Not all pages may need to be completed.
4. A required field becomes red with a message if missed or when the page is saved.



The Zip Code field is required.

5. The *Save and Continue* button displays different messages if something required is missed.



SAVE AND CONTINUE

6. Only file types of JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded for supporting documentation.
7. When uploading the supporting documentation, keep the names of the files short and do not use numbers, symbols, and spaces.
8. If the entity representative has ownership in the AFH and has a spouse or domestic partner, the applicant must select the Spouse or State Registered Domestic Partner role on the [Individuals & Roles page](#) to include them.
9. If there are issues with the web application, click on the HelpDesk email in the side menu and include the following in the email.
  - a. The application type.
  - b. The page being worked on.
  - c. The error that was received.
  - d. Preferred method of contact, email, phone, etc.



HelpDesk:  
BAAUWebAppSupport@dshs.wa.gov

10. For instructions on how to complete the application, click on the Instructions link in the side menu.



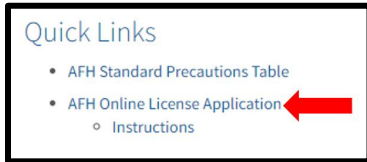
Instructions

# Chapter 1: SAW and Logging In

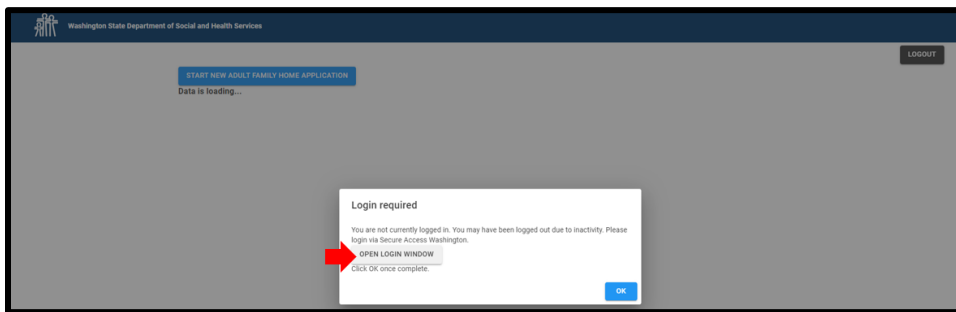
Welcome to the Department of Social & Health Services (DSHS) Adult Family Home License Web Application. To complete the application, a Secure Access Washington (SAW) account must be created. If the applicant already has a SAW account, go to section B in this chapter.

## A. Create a new SAW Account

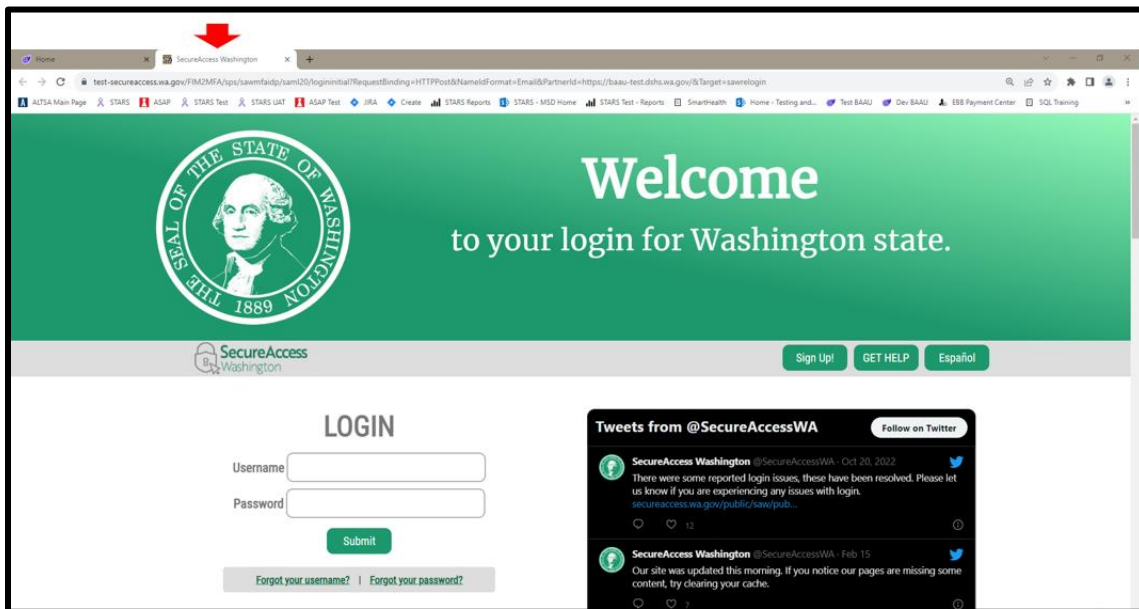
1. Go to the AL TSA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.
2. Under Quick Links, click on AFH Online License Application.



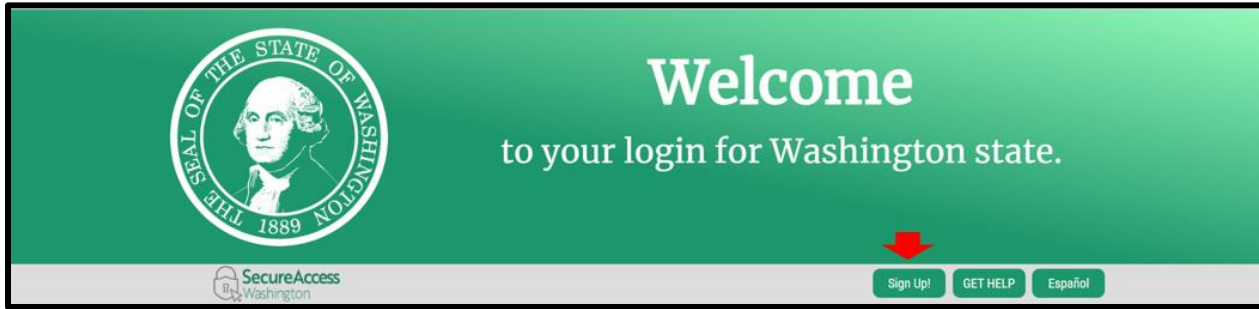
3. The *Login required* page appears. Click on *Open Login Window*.



4. A new tab appears.



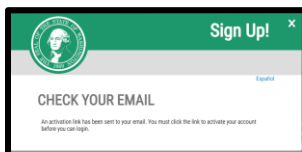
5. Click on *Sign Up!*



6. Complete the *Sign Up for An Account* page.

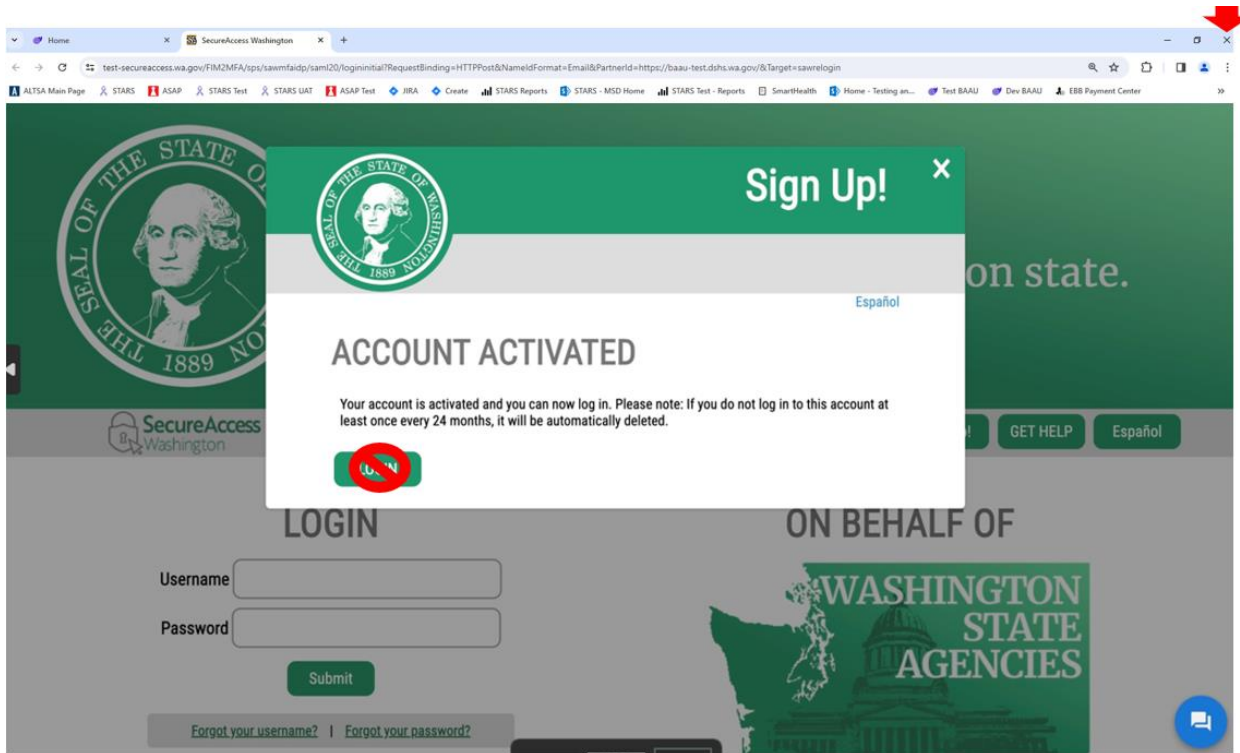
A "Sign Up!" modal window with a close button (X). The title is "Sign Up For An Account" with a "Español" link. Below the title is a short instruction and a "check here" link. The form is divided into sections: "Personal Information" with fields for First Name, Last Name, and Primary Email; "Contact Information For Security (Optional)" with fields for Additional Email Address and Mobile Phone Number, and a note about message rates; "Username and Password" with fields for Username, Password, and Confirm Password. At the bottom, there is a "I'm not a robot" checkbox, a "HELPFUL Privacy Terms" link, and a "Create my account" button. "Privacy Policy" is also visible at the bottom left.

7. An email will be sent to validate the email address.



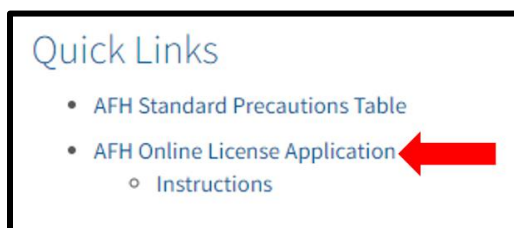


10. Close the web browser. Do not click on Login.

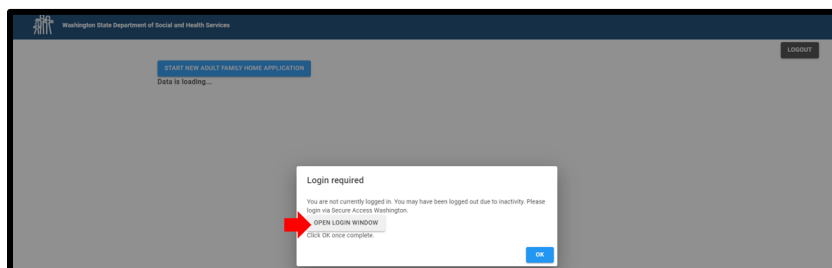


## B. Log in to the Web Application

1. If the applicant already has a SAW account or just created one, they need to now log into the application.
2. Go to the ALTA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.
3. Under Quick Links, click on AFH Online License Application.

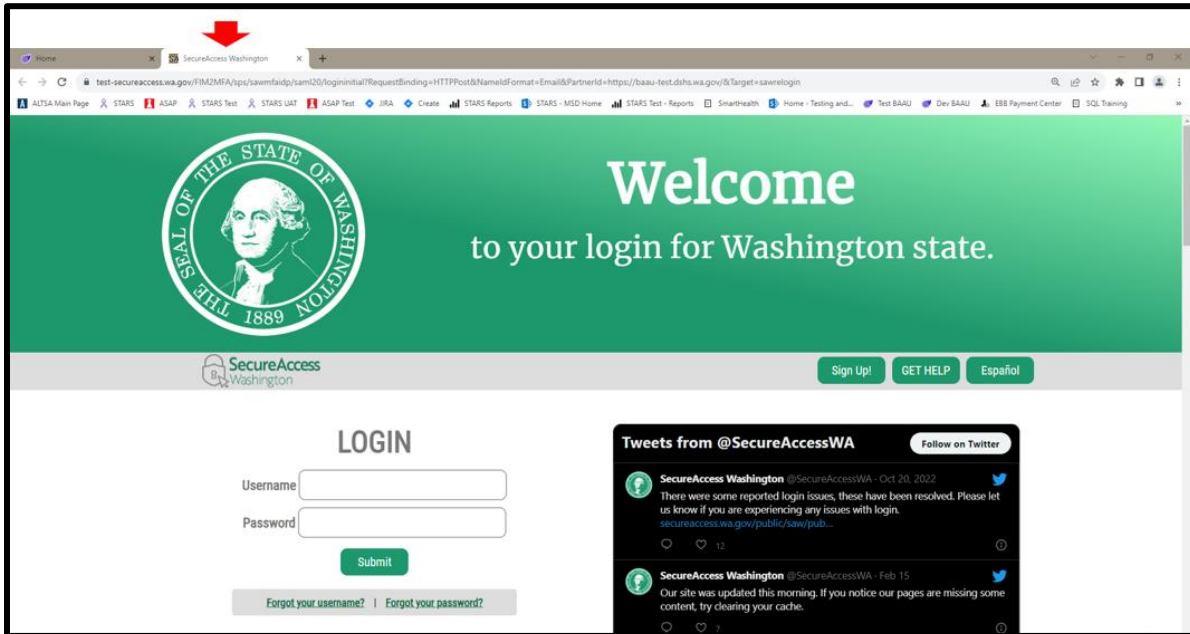


4. The *Login required* page appears. Click on *Open Login Window*.

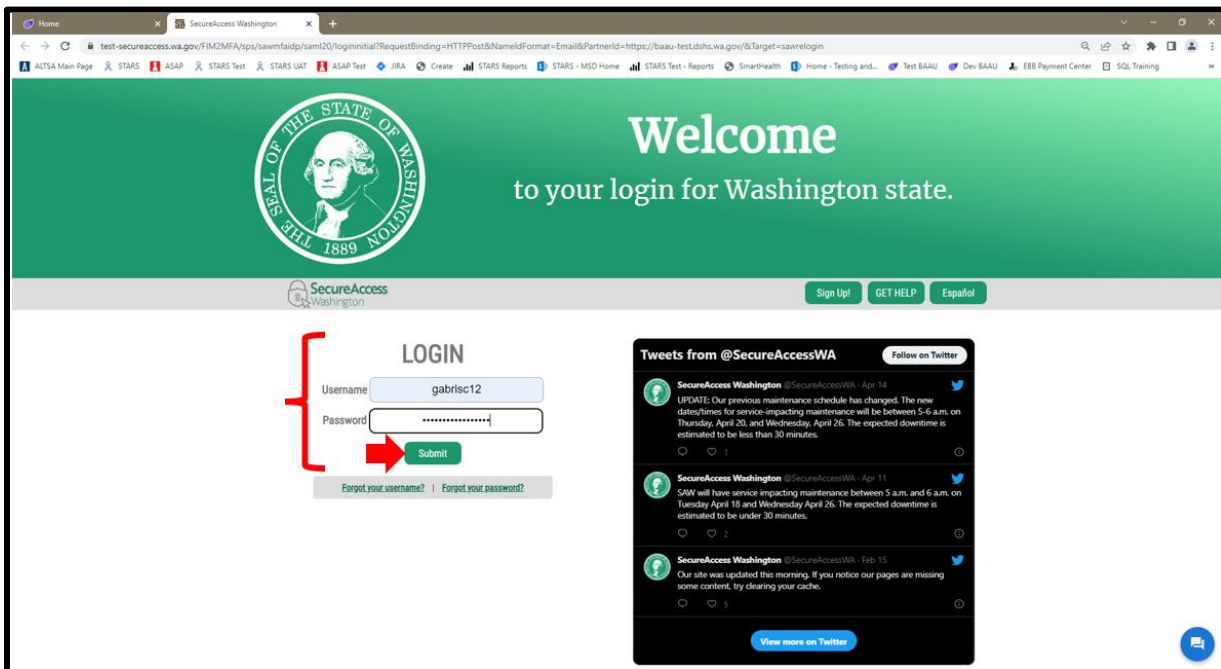




5. A new tab appears.



6. Fill in the *Login* information and click on *Submit*.

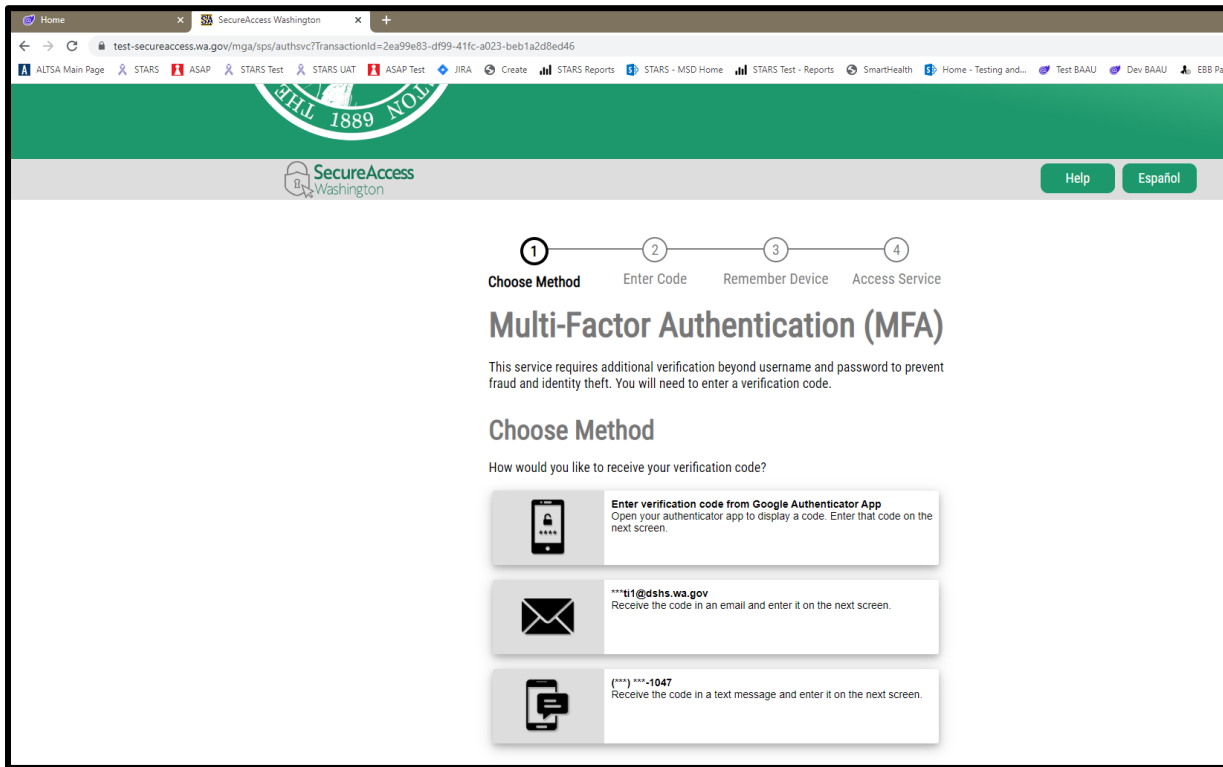


**Note: If there are issues with the password, follow the attached instructions on how to reset it.**

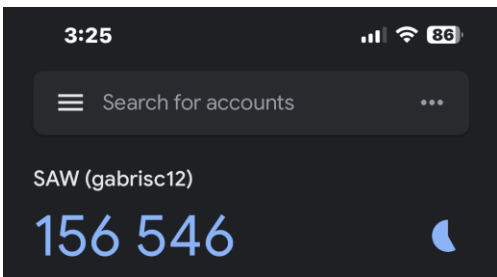


Steps to Reset Your  
SAW Password.pdf

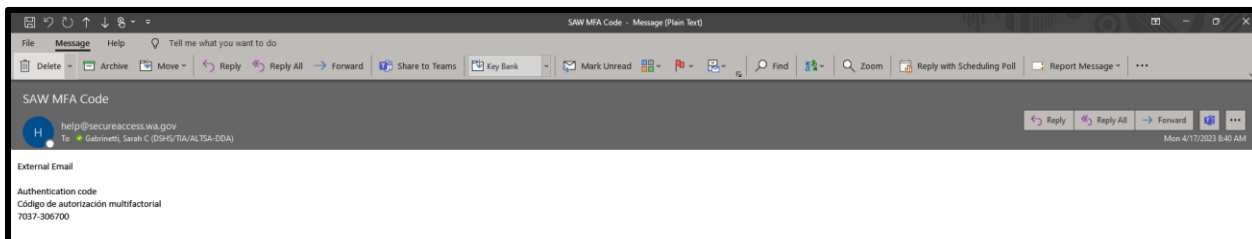
7. Choose a Multi-Factor Authentication method.



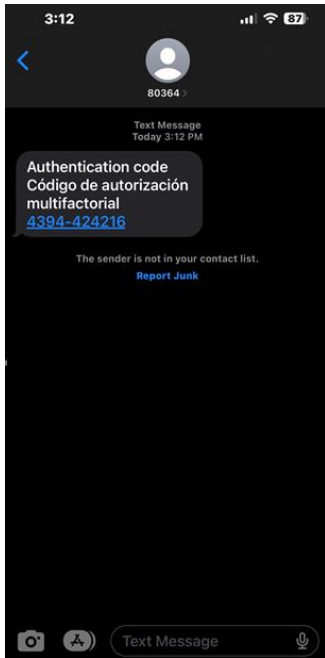
8. To receive it by an Authenticator App, click on that option.



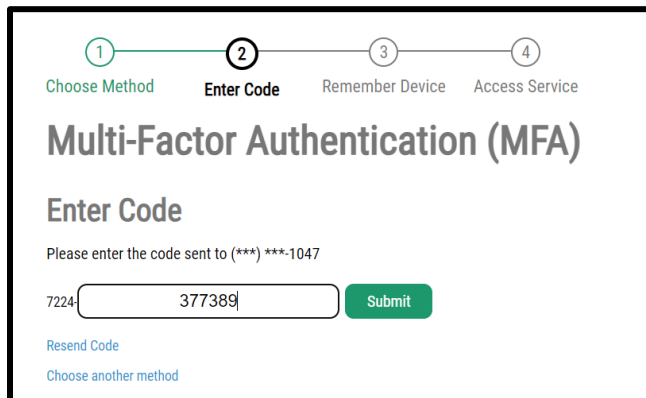
9. To receive it by email, click on that option.



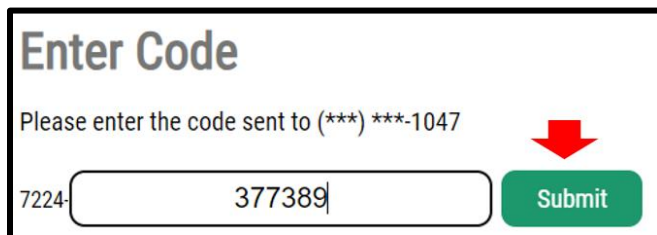
10. To receive it by text message, click on that option.



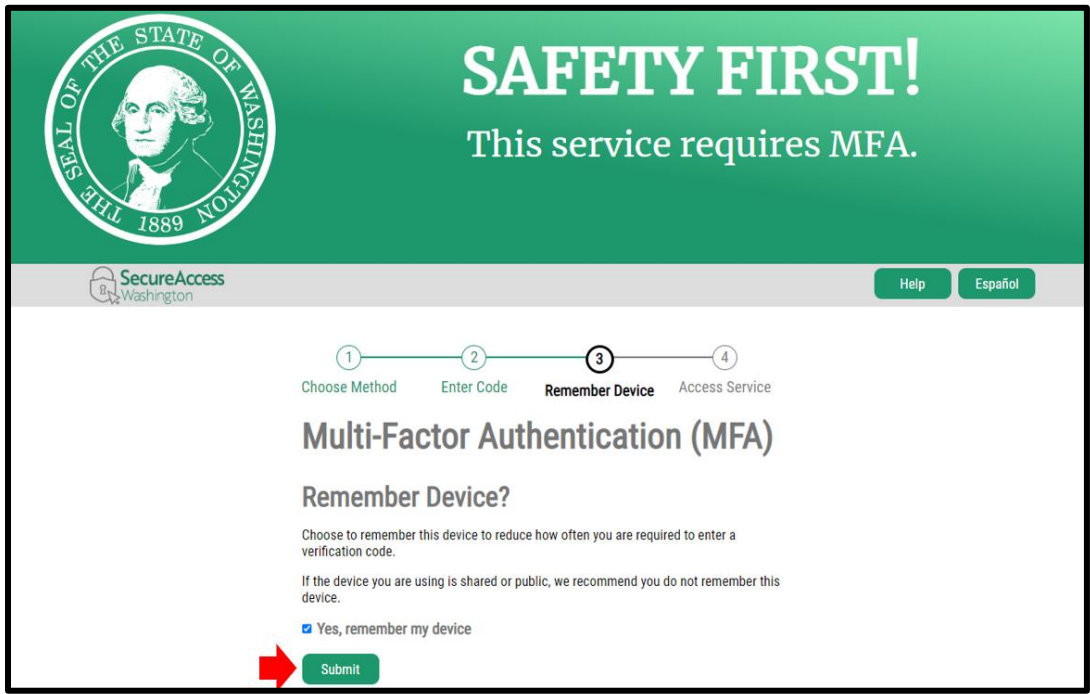
11. After selecting an option, enter the code.



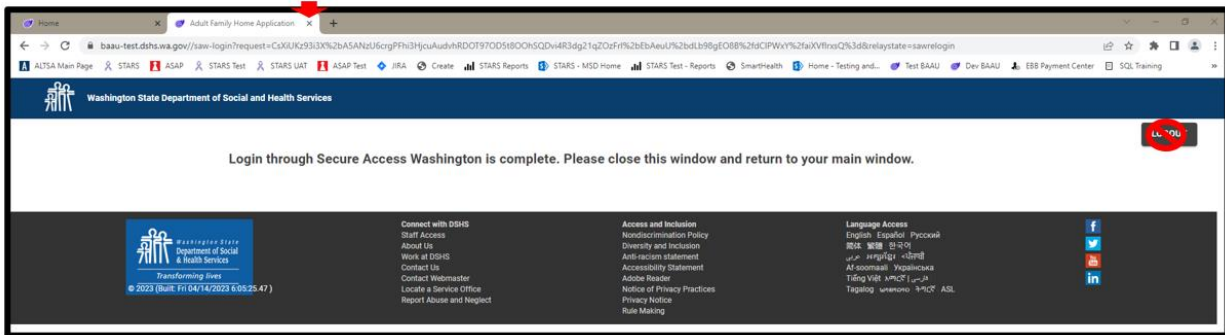
12. Click *Submit*.



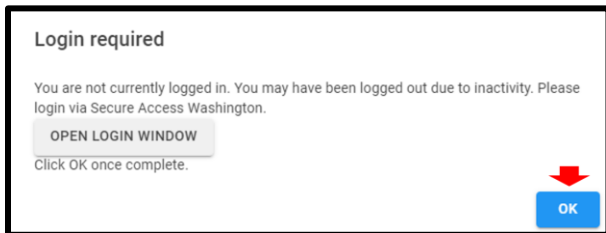
13. Check the checkbox to remember the device and click on *Submit*.



14. The SAW website will redirect back to the application. Click the “X” to close the second tab. **Note: Do not click on Logout.**

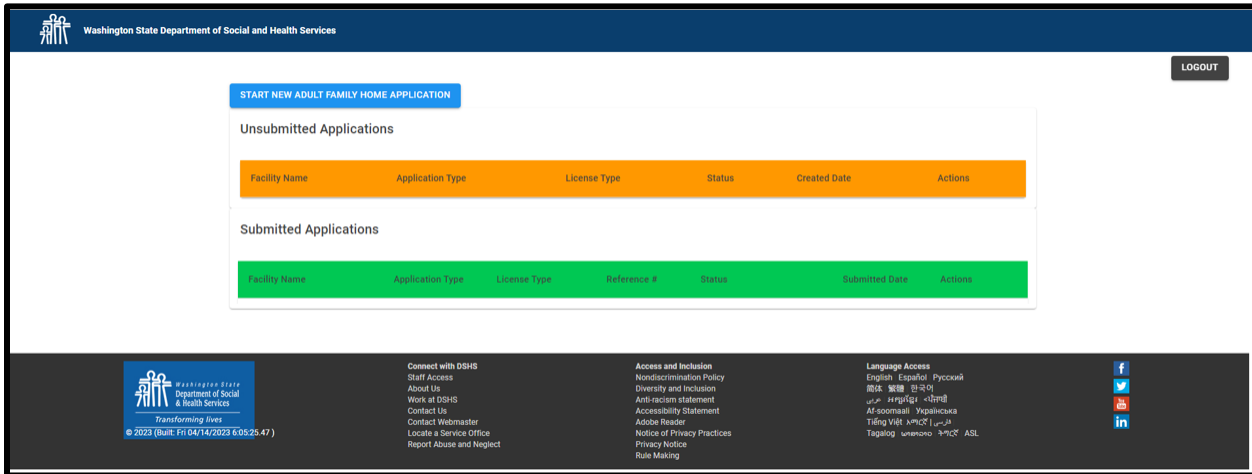


15. On the main window, click on **OK**.





# Chapter 2: Home Page

The *Home* page displays the status of the application.



## A. Unsubmitted Applications

1. The *Unsubmitted Applications* section displays the unsubmitted application.

Facility Name	Application Type	License Type	Status	Created Date	Actions
	Initial	Adult family home	Pending submittal	4/14/2023	 

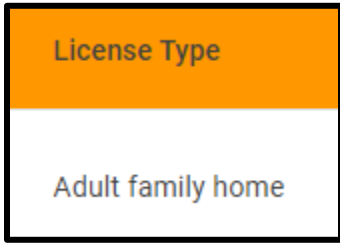
2. The *Facility Name* populates the name of the adult family home.

Facility Name

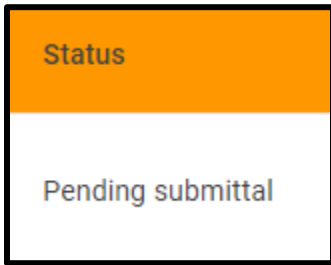
3. The *Application Type* show the application type.

Application Type
Initial

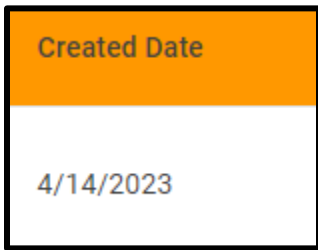
4. The *License Type* will default to *Adult family home*.



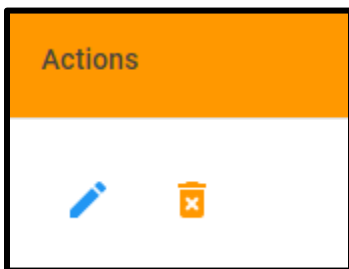
5. The *Status* will default to *Pending submittal*.



6. The *Created Date* will be the date the application was created or the date the department sent the application back for changes.



7. The *Actions* column is where the applicant can edit the application (pencil icon) or delete the application (trash can icon) before it is submitted.



## B. Submitted Applications

1. The *Submitted Applications* section displays the submitted application.

Submitted Applications						
Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions

2. The *Facility Name* shows the name of the Adult Family Home.

Facility Name
Test AFH

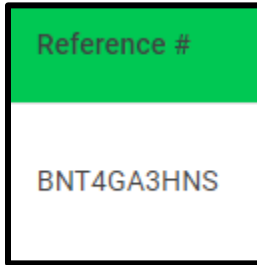
3. The *Application Type* shows the type of application submitted.

Application Type
Initial

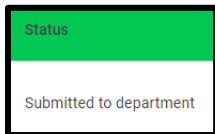
4. The *License Type* will be *Adult family home*.

License Type
Adult family home

6. The *Reference #* is the confirmation number receive after the application is submitted.



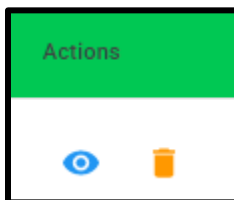
7. The *Status* will either be *Submitted to department* or *Withdrawn*.



8. The *Submitted Date* is the date application was submitted.



9. The *Action* column is where the application can either be viewed (eyeball icon) or withdrawn (trash can icon).



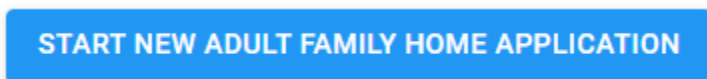
### C. Logging Out

1. Click on *Logout* to log out of the application.



### D. Start New Adult Family Home Application Button

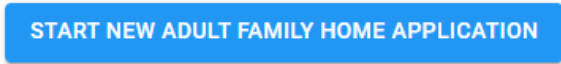
1. The *Start New Adult Family Home Application* button is how the application is started.



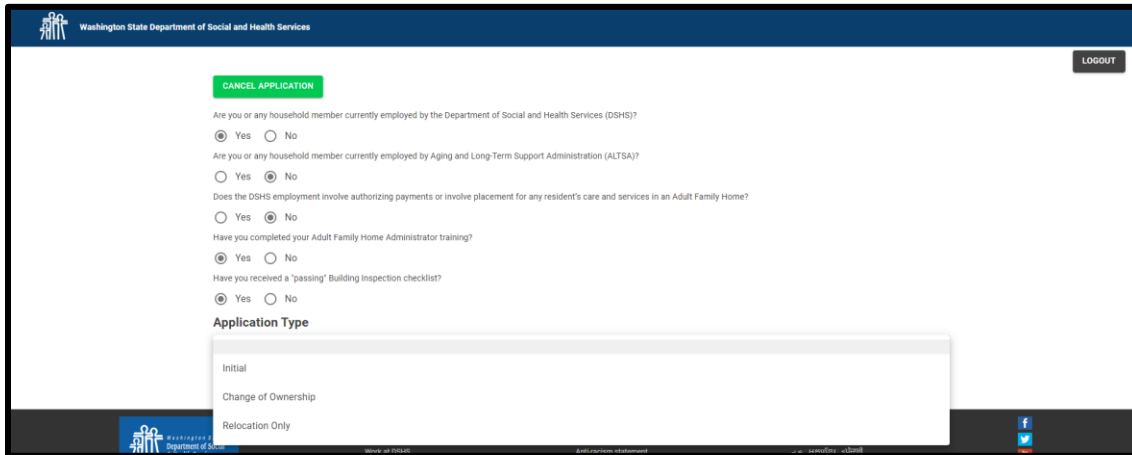


# Chapter 3: Creating an Adult Family Home Application

1. Click *Start New Adult Family Home Application*.



2. The *Application Screening Questions* page appears.



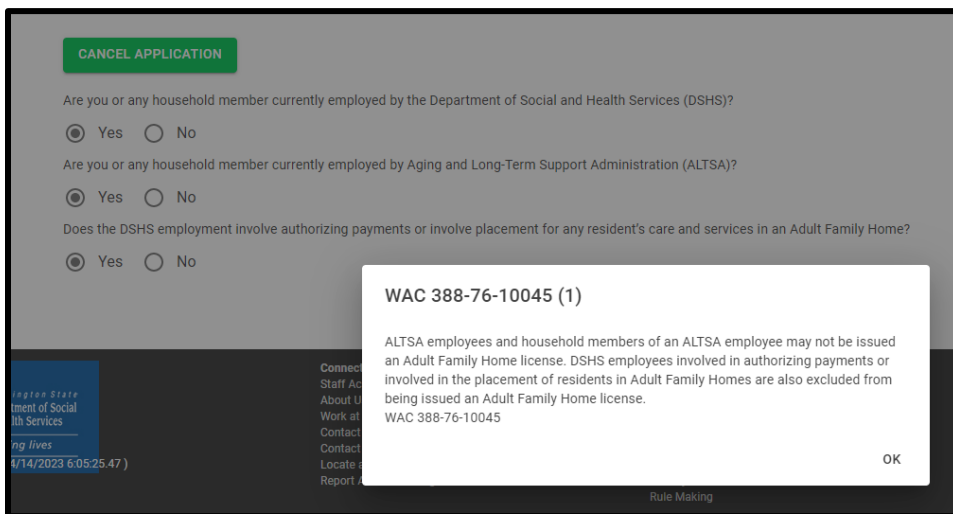
## A. Cancel Application Button

1. Click *Cancel Application* to go back to the *Home* page.



## B. DSHS Employee Questions

1. If anyone in the household is a DSHS/AL TSA employee or DSHS employee that processes payments regarding placement of residents in adult family homes, they will not be able to apply.



2. Click OK.

## WAC 388-76-10045 (1)

ALTSA employees and household members of an ALTSA employee may not be issued an Adult Family Home license. DSHS employees involved in authorizing payments or involved in the placement of residents in Adult Family Homes are also excluded from being issued an Adult Family Home license.

WAC 388-76-10045

 OK

3. Click *Cancel Application*.

**CANCEL APPLICATION**

## C. Additional Prerequisite Questions

1. Answer the questions regarding:

- Adult Family Home Administrator training
- Passed the Building Inspection Checklist

Have you completed your Adult Family Home Administrator training?

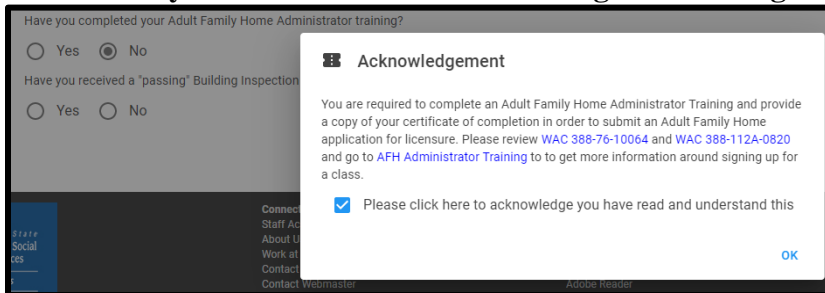
Yes  No

Have you received a "passing" Building Inspection checklist?

Yes  No

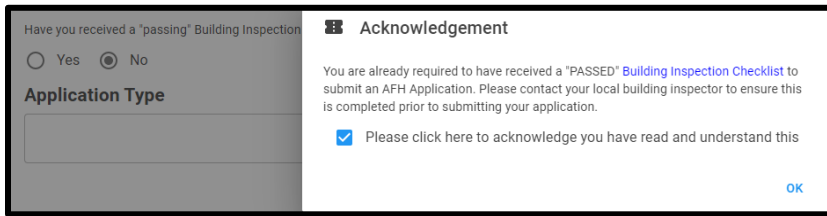
2. If "No" is selected, complete the acknowledgement message.

### Adult Family Home Administrator Training Acknowledgement



The screenshot shows a dialog box titled "Acknowledgement" overlaid on a form. The form in the background has two questions: "Have you completed your Adult Family Home Administrator training?" with "No" selected, and "Have you received a 'passing' Building Inspection checklist?" with "No" selected. The dialog box contains the following text: "You are required to complete an Adult Family Home Administrator Training and provide a copy of your certificate of completion in order to submit an Adult Family Home application for licensure. Please review [WAC 388-76-10064](#) and [WAC 388-112A-0820](#) and go to [AFH Administrator Training](#) to get more information around signing up for a class." Below this text is a checked checkbox with the text "Please click here to acknowledge you have read and understand this". An "OK" button is visible in the bottom right corner of the dialog box.

### "Passing" Building Inspection Checklist Acknowledgement

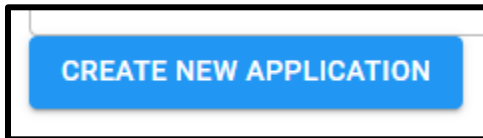


## D. Application Type

1. Select the *Application Type*.

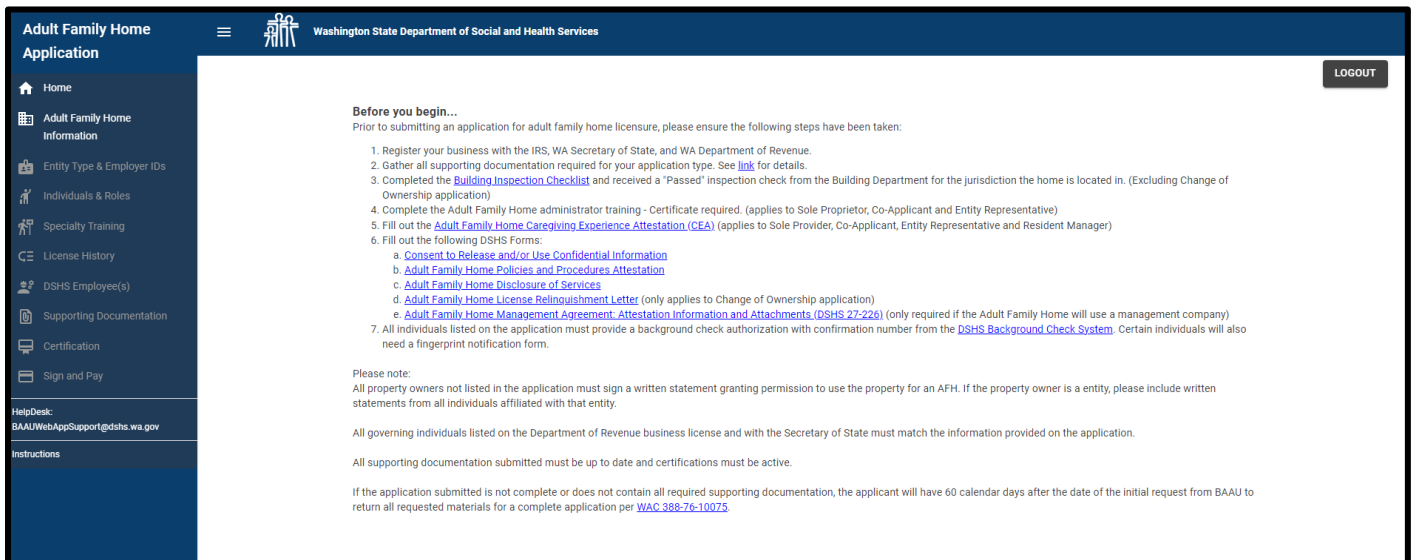


2. Click *Create New Application*.



## E. Before You Begin... Page

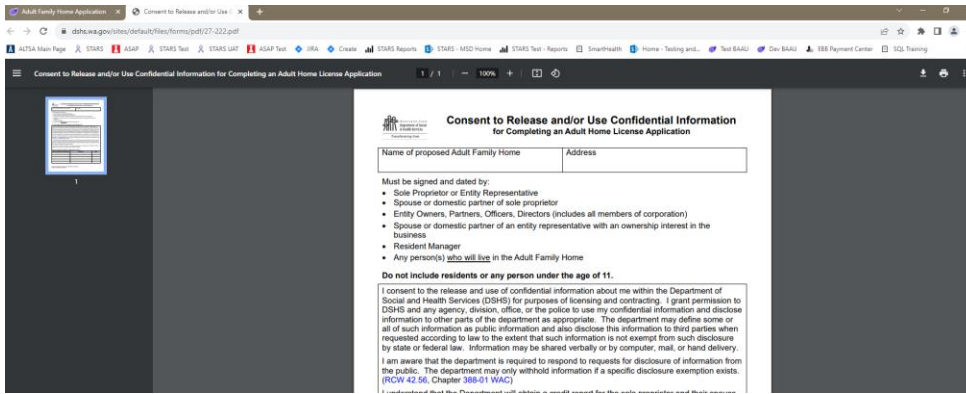
1. The *Before you begin...* page appears with information to help complete the application.



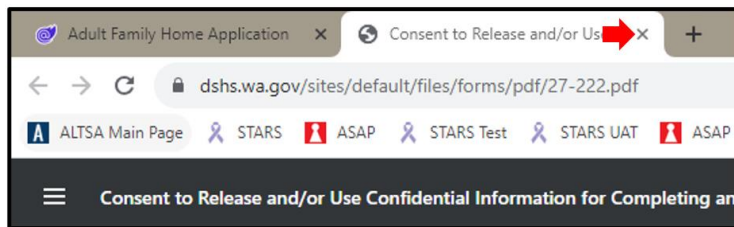
2. Words or phrases that are blue with a line are a link. Click on it to view the information.

- a. [Consent to Release and/or Use Confidential Information](#)
- b. [Adult Family Home Policies and Procedures Attestation](#)
- c. [Adult Family Home Disclosure of Services](#)
- d. [Adult Family Home License Relinquishment Letter](#) (only applies to Change of Ownership application)
- e. [Adult Family Home Management Agreement: Attestation Information and Attachments \(DSHS 27-226\)](#)

3. The link will open in a new tab.

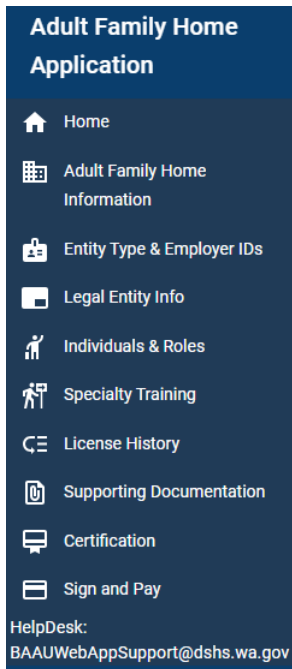


4. Click on the “X” to close the second tab and get back to the application.



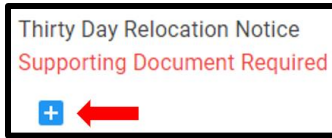
## F. Side Menu

1. The side menu include links to the *Home* page and the various pages of the application.



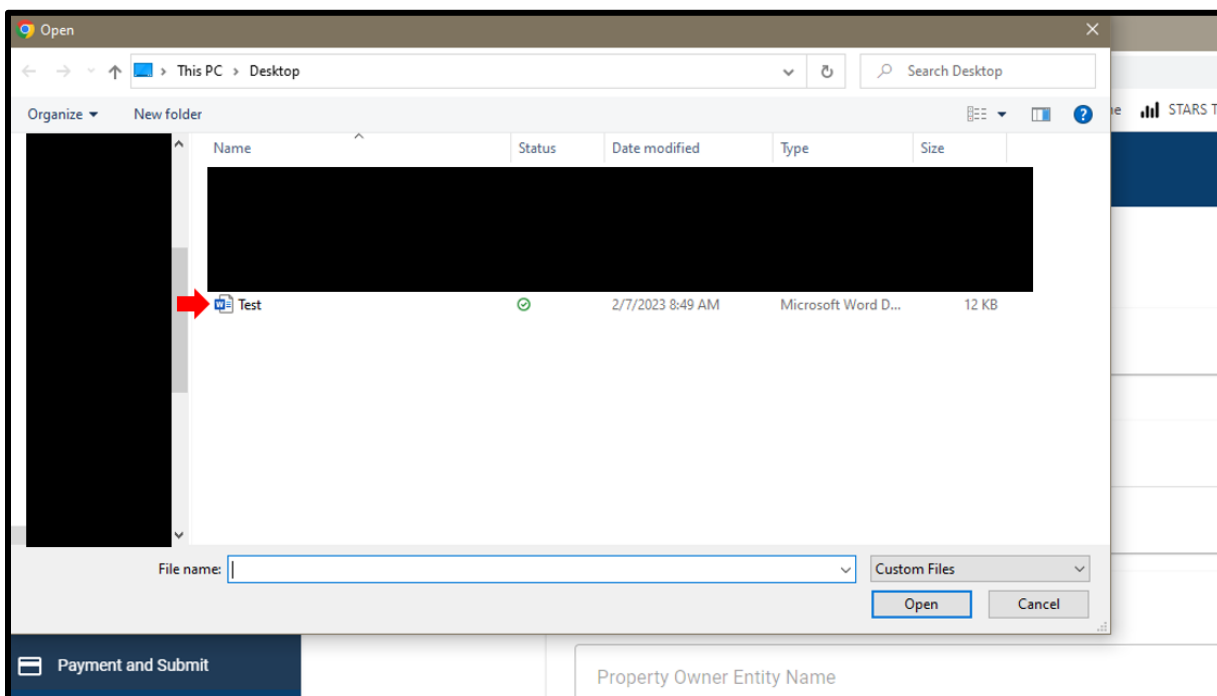
## Chapter 4: How to Upload Supporting Documentation

1. Throughout the application supporting documentation will be uploaded.
2. Click on the “+” button.

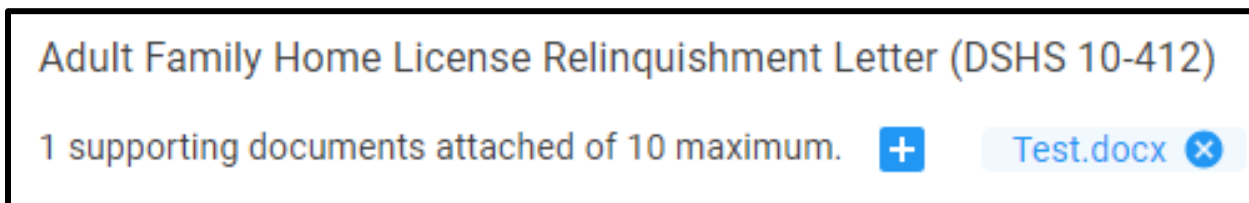


**Note: Only file types of JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded.**

3. Locate the file and select it.






4. The file will upload to the page.



5. Click on the document name to view it.



Adult Family Home License Relinquishment Letter (DSHS 10-412)


1 supporting documents attached of 10 maximum.  Test.docx 



6. Click on the “x” to delete it.



Adult Family Home License Relinquishment Letter (DSHS 10-412)


1 supporting documents attached of 10 maximum.  Test.docx 



7. Click on the “+” button to upload more documents.

Adult Family Home License Relinquishment Letter (DSHS 10-412)

1 supporting documents attached of 10 maximum.  Test.docx 



# Chapter 5: Application Pages

The application pages are:

- Adult Family Home Information
- Entity Type & Employer IDs
- Legal Entity Info
- Individuals & Roles
- Specialty Training
- License History
- DSHS Employee(s)
- Supporting Documentation
- Certification
- Sign and Pay

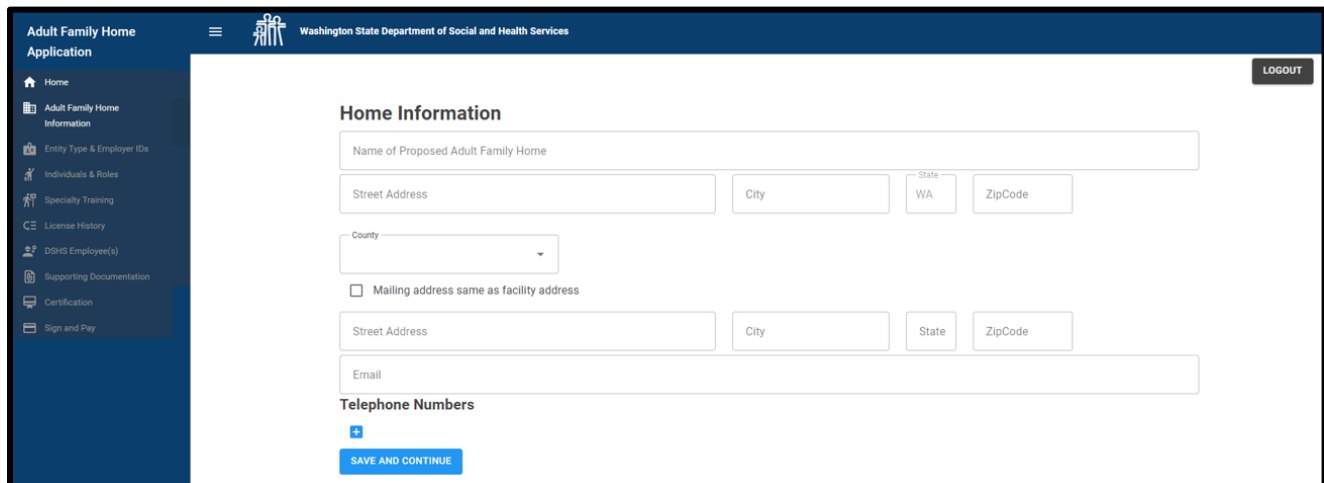
## A. Adult Family Home Information

1. On this page, complete the adult family home information.
2. Click on the link in the side menu.



3. Complete the fields for the application type selected.

### Initial Application Fields

A screenshot of a web application interface. On the left is a dark blue side menu with the same items as the previous image. The main content area is white and titled 'Home Information'. It contains several input fields: a long text field for 'Name of Proposed Adult Family Home', a 'Street Address' field, a 'City' field, a 'State' dropdown menu (set to 'WA'), and a 'ZipCode' field. Below these is a 'County' dropdown menu and a checkbox labeled 'Mailing address same as facility address'. At the bottom of the form section is a 'SAVE AND CONTINUE' button. The top right of the page has a 'LOGOUT' button. The header of the page includes the Washington State Department of Social and Health Services logo and name.



## Change of Ownership Application Fields

The screenshot shows the 'Adult Family Home Application' page for 'Change of Ownership'. The left sidebar contains navigation links: Home, Adult Family Home Information, Entity Type & Employer IDs, Individuals & Roles, Specialty Training, License History, Supporting Documentation, Certification, and Sign and Pay. The main content area is titled 'Home Information' and includes the following fields:

- Name of Proposed Adult Family Home
- Street Address, City, State (WA), ZipCode
- County
- Mailing address same as facility address
- Street Address, City, State, ZipCode
- Email

Below the Home Information section is the 'Telephone Numbers' section, which contains two document upload fields:

- Adult Family Home Relinquishment Letter (Supporting Document Required)
- Sixty Day Change of Owner Notice (Supporting Document Required)

A 'SAVE AND CONTINUE' button is located at the bottom of the form.

## Relocation Only Application Fields

The screenshot shows the 'Adult Family Home Application' page for 'Relocation Only'. The left sidebar is identical to the previous screenshot. The main content area is titled 'Current Adult Family Home Information' and includes the following fields:

- Current Adult Family Home Name
- Current Adult Family Home License
- Street Address, City, State (WA), Zip Code
- County
- Thirty-Day Relocation Notice to Residents (WAC 388-76-10110) (Supporting Document Required)

Below this section is the 'Home Information' section, which includes the same fields as the 'Change of Ownership' application:

- Name of Proposed Adult Family Home
- Street Address, City, State (WA), Zip Code
- County
- Mailing address same as facility address
- Street Address, City, State, ZipCode
- Email

The 'Telephone Numbers' section is also present, with a plus sign icon indicating a document upload field.

A 'SAVE AND CONTINUE' button is located at the bottom of the form.

## Supporting Documentation

1. This table shows a list of which documents are required to submit the application.

Document Type	Application Type		
	Initial	Relocation Only	Change of Ownership
Thirty-Day Relocation Notice to Residents (WAC 388-76-10110)		x	
Adult Family Home License Relinquishment Letter (DSHS 10-412)			x
Sixty-Day Change of Owner Notice to Residents (WAC 388-76-10106)			x

2. The department will let the applicant know if they need to submit any other documents after the application has been submitted.
3. For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

## Saving the Page

1. After completing the page, click *Save and Continue*.

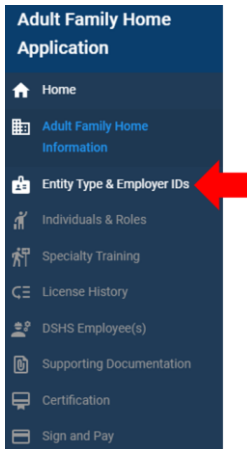
SAVE AND CONTINUE

2. A “Saved” message appears in the upper right-hand corner of the screen.



## B. Entity Type & Employer IDs

1. On this page, indicate the type of entity the application for.
2. Click on the link in the side menu.



3. The page will appear.

Adult Family Home License Application - Initial

Entity Type

Sole proprietorship  For-profit corporation  Limited partnership  Government agency  General partnership  Non-profit corporation

Limited liability company  Group or association

Marital Status

Married or state registered domestic partner  Single

Employer IDs

Federal Employer Identification Number

WA State Unified Business Identifier

Master Business License  
Supporting Document

Internal Revenue Service Document  
Supporting Document Required

SAVE AND CONTINUE

### Entity Type

1. Select the entity type.

Entity Type

Sole proprietorship  For-profit corporation  Limited partnership  Government agency  General partnership  Non-profit corporation

Limited liability company  Group or association

### Marital Status

1. Complete the *Marital Status* section if *Sole Proprietorship* is selected.

Marital Status

Married or state registered domestic partner  Single

### Co-Applicant

1. Completed the co-applicant question if they applicant is married or has a state registered domestic partner.

Is your spouse or state registered domestic partner a co-applicant?

Yes  No

### Employer IDs

1. Complete the *Federal Employer Identification Number* (limited to 9 digits) and *Washington State Unified Business Identifier* (limited to 9 digits).

Employer IDs

Federal Employer Identification Number

WA State Unified Business Identifier

### Supporting Documentation

1. This table shows a list of which documents are required to submit the application.

Document Type	Entity Type							
	Sole Proprietorship	For-profit Corporation	Limited Partnership	Government Agency	General Partnership	Non-profit Corporation	Limited Liability Company	Group or Association
Secretary of State Document								
Master Business License								
Internal Review Service Document	X	X	X	X	X	X	X	X

2. The department will let the applicant know if they need to submit any other documents after the application has been submitted.
3. For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

### Saving the Page

1. Click *Save and Continue*.

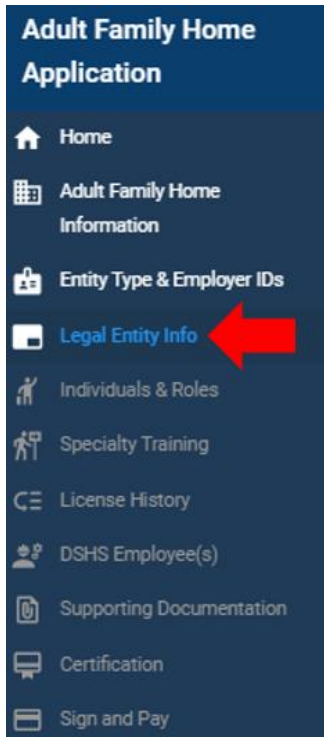


2. A “Saved” message appears in the upper right-hand corner of the screen.

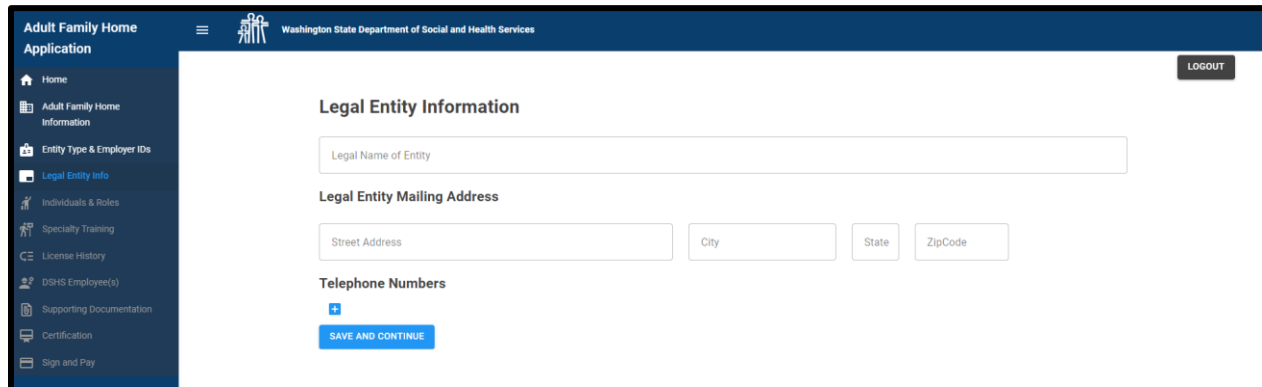


## E. Legal Entity Info

1. This page will display for entity types other than sole proprietor.
2. Click on the link in the side menu.



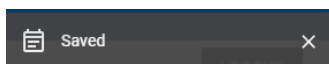
3. The page will appear.



4. Click *Save and Continue* after completing the page.

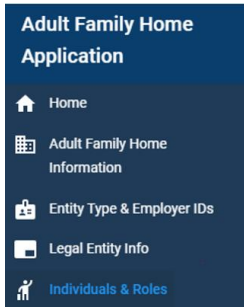


5. A “Saved” message appears in the upper right-hand corner of the screen.

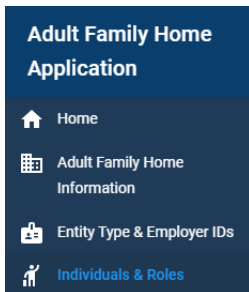


## F. Individuals & Roles

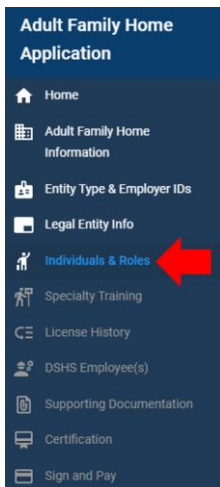
1. On this page, list all individuals involved in the adult family home, including what role they will have.
2. The page will either appear after the *Legal Entity Info* page if it was completed.



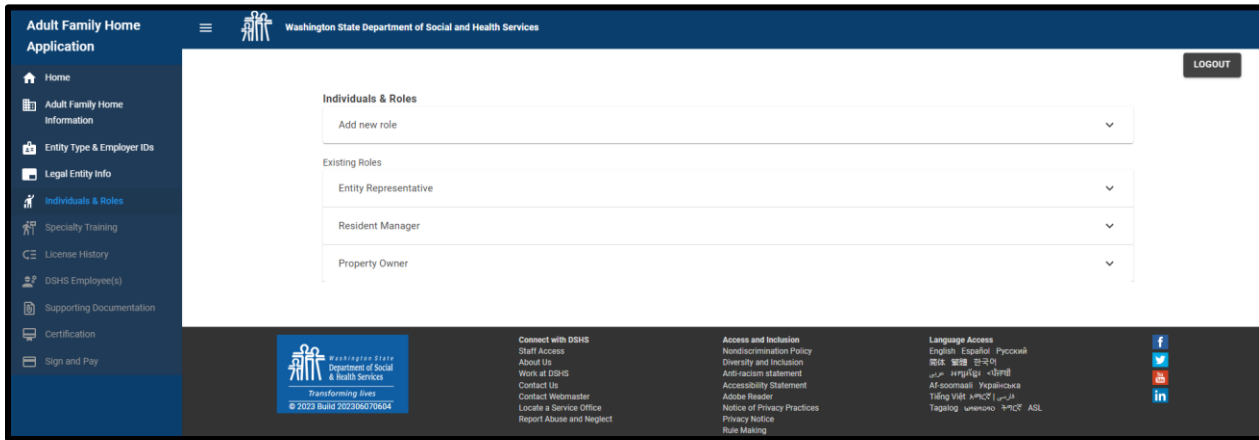
3. Or after the *Entity Type & Employer IDs* page is completed if the *Legal Entity Info* page was not completed.



4. Click on the link in the side menu.



5. The page appears.



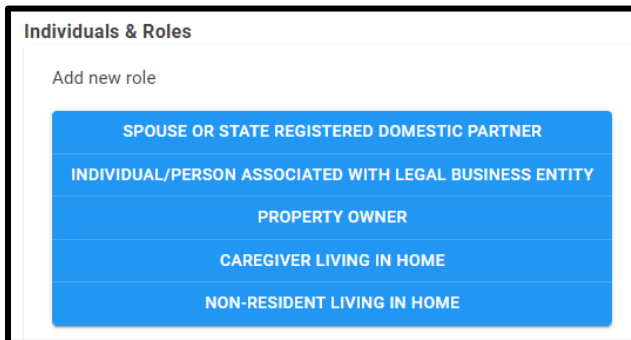
## Roles

### Add New Role

1. To add additional roles, click on the down arrow.




2. A list of available roles to select from will appear. This list is based on how other pages have been completed.



3. Click on the role to select it.



4. It populates in the *Existing Roles* section.

Existing Roles	
Entity Representative	▼
Individual/Person Associated with Legal Business Entity	▼
Resident Manager	▼
Property Owner	▼
 Caregiver Living in Home	▼

*Existing Roles*

1. Required roles will display in the *Existing Roles* section based on how other pages have been completed.
2. These are the required roles for a non-profit corporation.

Existing Roles	
Entity Representative	▼
Individual/Person Associated with Legal Business Entity	▼
Resident Manager	▼
Property Owner	▼

3. This is a list of all existing roles based on the entity type.

Entity Type	Existing Roles
Sole Proprietorship	Sole Proprietor Co-applicant (If married or has a state registered domestic partner) Spouse (If they are not a co-applicant) Resident Manager Property Owner
For-profit Corporation	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Limited Partnership	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Government Agency	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
General Partnership	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Non-profit Corporation	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Limited Liability Company	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Group or Association	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner

**Note: a spouse or domestic partner of an entity representative needs to be added if they will be taking an interest in the adult family home.**



## Buttons

1. Click the down arrow for the role to view the buttons. Some buttons will appear after the person has been added to the role.



### Add Person

1. Click on *Add Person* to add the details.



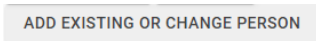
### Edit Person

1. The *Add Person* button will become the *Edit Person* button after the person is saved. When editing a person in multiple roles, it will update the information for all the roles.

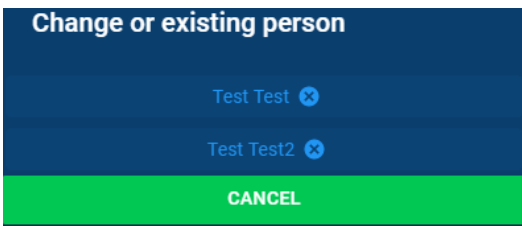


### Add Existing or Change Person

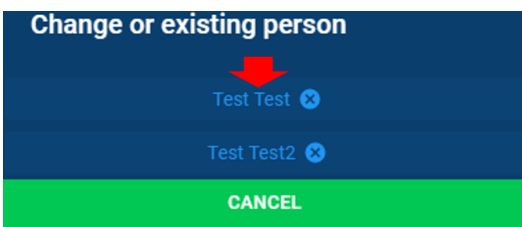
1. Click the *Add Existing or Change Person* to add an existing person or change a person.



2. The *Change or existing person* panel appears to the right of the screen.



3. Click on the person's name.



4. The fields become editable with any corresponding fields completed from the role the person is already associated to.

Property Owner - Test Test

Property Owner Entity Name

OR

First name: Test Middle name: Last name: Test Property Owner Physical Address (No P.O. Box)

City: State: Zip Code:

Will the property owner take active interest in the operation of adult family home ?

Yes  No

5. Complete the rest of the fields before saving the person.

Property Owner - Test Test

Property Owner Entity Name

OR

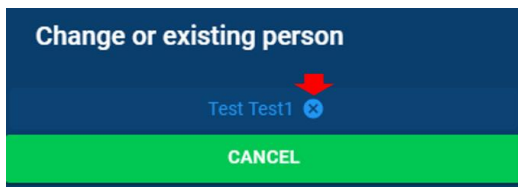
First name: Test Middle name: Last name: Test Property Owner Physical Address (No P.O. Box)

City: State: Zip Code:

Will the property owner take active interest in the operation of adult family home ?

Yes  No

6. Do not click on the “x”. It deletes the person from the application and from any roles they were associated with.



*Upload Supporting Documentation*

1. Upload the supporting documentation for that role. The applicant needs to save the person first before they click on *Upload Supporting Documentation*.



2. This table shows a list of which documents are required to submit the application.

Document Type	Role Type								
	Entity Representative	Sole Proprietor	Co-Applicant	Resident Manager	Individual/Person Associated with Legal Business Entity	Spouse or State-registered Domestic Partner	Caregiver Living in home	Non-resident Living in Home	Property Owner
Adult Family Home Administrator Training Certificate	X	X	X						
Government Issued ID	X	X	X						
Proof of Education - WAC 388-76-10130(2)									
Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)									
First Aid/CPR Certificate(s)									
Washington State Food Worker Card									
Home Care Aide Certification or Proof of Exemption - WAC 246-980-025									
Background Check Authorization (DSHS 09-653)	X	X	X	X	X	X	X	X	X
DSHS Fingerprint Results									
Property Owner Written Statement									

- The department will let the applicant know if they need to submit any other documents after the application has been submitted.
- For additional instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

### Save Person

- Click *Save Person* to save the information.



### Cancel

- Click *Cancel* to not save the changes.



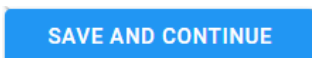
### Delete Role

- Click *Delete Role* to delete the role.



### Save and Continue

- Click *Save and Continue* to save the page.



## List of Roles and Required Fields

- The following is a list of all the roles and their required fields.

### Sole Proprietor

First name

Middle name

Last name

Social security number 👁

The First Name field is required.

The Last Name field is required.

The SSN field is required

Date of birth 👁

Email

Not a valid date of birth

Date of birth

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

***Entity Representative***

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth

Not a valid date of birth

Date of birth

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

***Individual/Person Associated with Legal Business Entity***

The First Name field is required. The Last Name field is required. The Title field is required

The SSN field is required. Not a valid date of birth. The % Ownership field is required

Date of birth

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

***Resident Manager***

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth

Not a valid date of birth

Date of birth

Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

***Spouse or State-registered Domestic Partner***

<b>First name</b>	<b>Middle name</b>	<b>Last name</b>	<b>Social security number</b>
The First Name field is required.		The Last Name field is required.	The SSN field is required
<b>Date of birth</b>	<b>Email</b>		
Not a valid date of birth			

***Co-applicant***

<b>First name</b>	<b>Middle name</b>	<b>Last name</b>	<b>Social security number</b>
The First Name field is required.		The Last Name field is required.	The SSN field is required
<b>Date of birth</b>	<b>Email</b>		
Not a valid date of birth			

<b>Date of birth</b>
04/05/19
Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

***Caregiver Living in Home***

<b>First name</b>	<b>Middle name</b>	<b>Last name</b>	<b>Social security number</b>
The First Name field is required.		The Last Name field is required.	The SSN field is required
<b>Date of birth</b>	<b>Email</b>		
Not a valid date of birth			

***Non-resident Living in Home***

<b>First name</b>	<b>Middle name</b>	<b>Last name</b>	<b>Social security number</b>
The First Name field is required.		The Last Name field is required.	The SSN field is required
<b>Date of birth</b>	<b>Email</b>		
Not a valid date of birth			

**Note: Individuals under the age of 11 do not need to be listed. The system will not allow you to save the person if they are under the age of 11.**

## Property Owner

Either Entity Name or First/Last Name is required

OR

Either Entity Name or First/Last Name is required

Either Entity Name or First/Last Name is required

The Property Owner Physical Address field is required.

The City field is required.

The State field is required.

The Postal Code field is required.

Will the property owner take active interest in the operation of adult family home ?

Yes  No

1. If the property owner is added first and not be taking an active interest in the adult family home, they cannot be added to another role.

Will the property owner take active interest in the operation of adult family home ?

Yes  No

2. However, if a property owner is added to another role first, they will need to be deleted from the other role if determined they will not be taking an active interest in the adult family home.
3. For example, Test Test is added as the entity representative. Test Test is then added as the property owner. It is decided later Test Test will not be taking an active interest in the home. Test Test needs to be deleted from the entity representative role.
4. Go to the Entity Representative role.

Entity Representative - Test Test

Test

Middle name

Test

\*\*\*\*\*

\*\*\*\*\*

[EDIT PERSON](#)

[ADD EXISTING OR CHANGE PERSON](#) [UPLOAD SUPPORTING DOCUMENTATION](#) [DELETE ROLE](#)

5. Click *Delete Role*.


Entity Representative - Test Test

First name: Test Middle name: Last name: Test Social security number: \*\*\*\*\*

Date of birth: \*\*\*\*\*

EDIT PERSON

ADD EXISTING OR CHANGE PERSON UPLOAD SUPPORTING DOCUMENTATION DELETE ROLE




6. Click *Yes, Delete*.

Delete item?

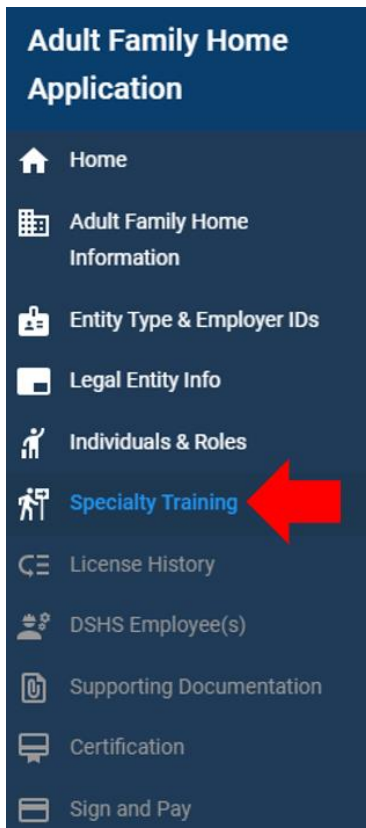
Are you sure you want to delete this item?

CANCEL YES, DELETE

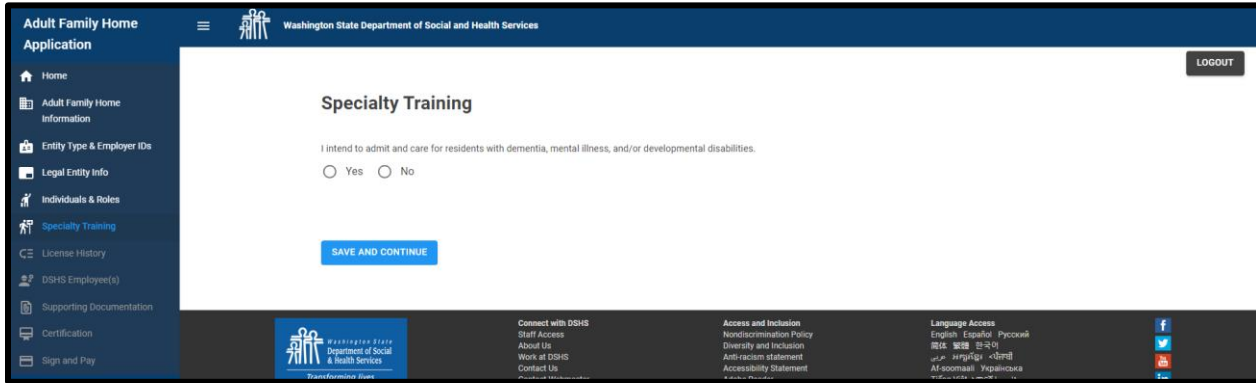


## G. Specialty Training

1. On this page, indicate if residents with dementia, mental illness, and/or developmental disabilities will be admitted and cared for.
2. Click on the link in the side menu.



3. Answer the specialty training statement.



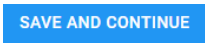
**Will not be Admitting Residents**

1. Click *No* if residents with dementia, mental illness, and/or developmental disabilities will not be admitted and cared for.

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

Yes  No

2. Save the page and continue to the *License History* page.



**Will be Admitting Residents**

1. Click *Yes* if residents with dementia, mental illness, and/or developmental disabilities will be admitted and cared for.

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

Yes  No

2. The specialty types and roles appear. This screen will vary based on how other pages have been completed.

**Sole Proprietor, Co-Applicant, and Resident Manager**

**Specialty Training**

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

Yes  No

	Sole Proprietor Certificates (Test Test)	Co-applicant Certificates (Test1 Test1)	Resident Manager Certificates (Test2 Test2)
--	---	--	--

Dementia

Yes  No

Mental Illness

Yes  No

Developmental Disabilities

Yes  No

**SAVE AND CONTINUE**



## Sole Proprietor and Resident Manager

### Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

Yes  No

Sole Proprietor Certificates  
(Test Test)

Resident Manager Certificates  
(Test2 Test2)

Dementia

Yes  No

Mental Illness

Yes  No

Developmental Disabilities

Yes  No

[SAVE AND CONTINUE](#)

## Entity Representative and Resident Manager

### Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

Yes  No

Entity Representative Certificates  
(Test1 Test1)

Resident Manager Certificates  
(Test2 Test2)

Dementia

Yes  No

Mental Illness

Yes  No

Developmental Disabilities

Yes  No

[SAVE AND CONTINUE](#)

## Sole Proprietor and Resident Manager – Same Person

### Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

Yes  No

Dementia

Yes  No

Mental Illness

Yes  No

Developmental Disabilities

Yes  No

[SAVE AND CONTINUE](#)

Sole Proprietor Certificates  
(Test Test)

### Supporting Documentation

1. Click *Yes* to indicate the specialty.

Dementia

Yes  No

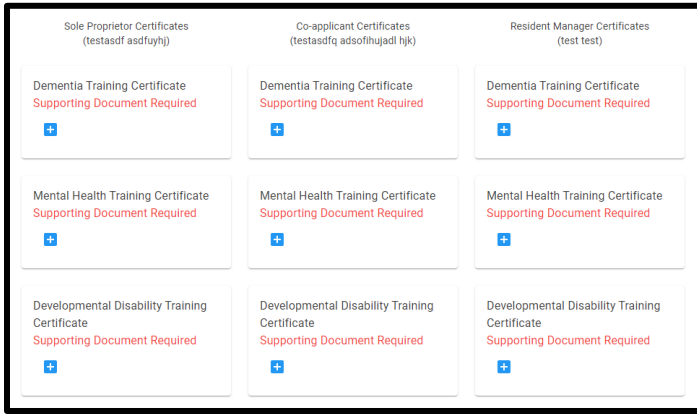
Mental Illness

Yes  No

Developmental Disabilities

Yes  No

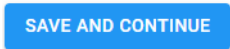
2. Upload the documentation for that specialty type.



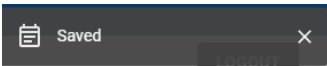
3. For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

### Saving the Page

1. Click *Save and Continue*.

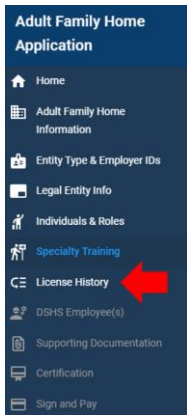


2. A “Saved” message appears in the upper right-hand corner of the screen.

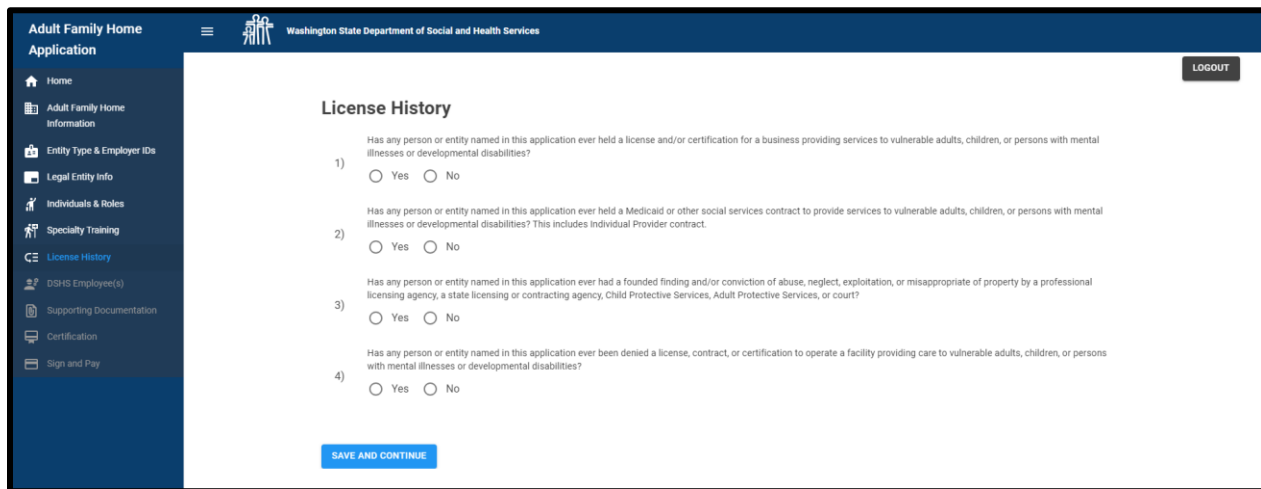


## H. License History

1. On this page, indicate any previous licenses, contracts, or certifications.
2. Click on the link in the side menu.



3. Answer the questions.

A screenshot of the 'License History' page in the 'Adult Family Home Application'. The page title is 'License History' and it is part of the 'Washington State Department of Social and Health Services' application. The page contains four questions with radio button options for 'Yes' or 'No'. A 'SAVE AND CONTINUE' button is at the bottom. A 'LOGOUT' button is in the top right corner.

1) Has any person or entity named in this application ever held a license and/or certification for a business providing services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?  
 Yes  No

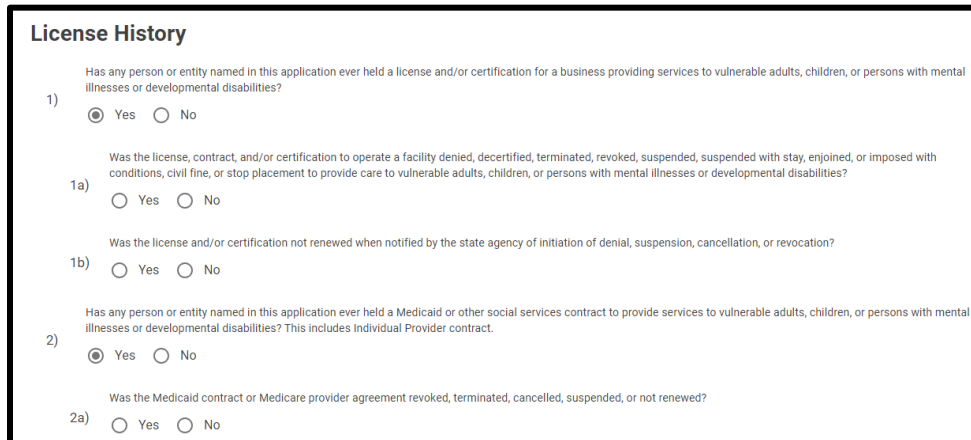
2) Has any person or entity named in this application ever held a Medicaid or other social services contract to provide services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities? This includes Individual Provider contract.  
 Yes  No

3) Has any person or entity named in this application ever had a founded finding and/or conviction of abuse, neglect, exploitation, or misappropriation of property by a professional licensing agency, a state licensing or contracting agency, Child Protective Services, Adult Protective Services, or court?  
 Yes  No

4) Has any person or entity named in this application ever been denied a license, contract, or certification to operate a facility providing care to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?  
 Yes  No

[SAVE AND CONTINUE](#)

4. If yes is answered for questions 1 or 2, there will be additional sub-questions.

A screenshot of the 'License History' page showing additional sub-questions for questions 1 and 2. The page title is 'License History'.

1) Has any person or entity named in this application ever held a license and/or certification for a business providing services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?  
 Yes  No

1a) Was the license, contract, and/or certification to operate a facility denied, decertified, terminated, revoked, suspended, suspended with stay, enjoined, or imposed with conditions, civil fine, or stop placement to provide care to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?  
 Yes  No

1b) Was the license and/or certification not renewed when notified by the state agency of initiation of denial, suspension, cancellation, or revocation?  
 Yes  No

2) Has any person or entity named in this application ever held a Medicaid or other social services contract to provide services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities? This includes Individual Provider contract.  
 Yes  No

2a) Was the Medicaid contract or Medicare provider agreement revoked, terminated, cancelled, suspended, or not renewed?  
 Yes  No

5. Complete the fields.

Entity Name	OR	Listed Individual	
Facility Name		Type of License, Contract, and/or Certification	
Facility Physical Address	City	State	Zip Code
Type of Finding and/or Conviction			

**Adding Additional Individual or Entity**

1. Click *Save and Continue*.

Entity Name	OR	Listed Individual	
test			
Facility Name		Type of License, Contract, and/or Certification	
test		AFH	
Facility Physical Address	City	State	Zip Code
100 Test	Lacey	WA	98888
Type of Finding and/or Conviction			
Revocation			
ADD INDIVIDUAL OR ENTITY			
SAVE AND CONTINUE			

2. Click *Add Individual or Entity*.

Entity Name	OR	Listed Individual	
test			
Facility Name		Type of License, Contract, and/or Certification	
test		AFH	
Facility Physical Address	City	State	Zip Code
100 Test	Lacey	WA	98888
Type of Finding and/or Conviction			
Revocation			
ADD INDIVIDUAL OR ENTITY			
SAVE AND CONTINUE			

3. Complete the fields.

The screenshot shows a form with two identical sections. The top section is filled with test data:

- Entity Name: test
- OR
- Listed Individual: [dropdown arrow]
- Facility Name: test
- Type of License, Contract, and/or Certification: AFH
- Facility Physical Address: 100 Test
- City: Lacey
- State: WA
- Zip Code: 98888
- Type of Finding and/or Conviction: Revocation

The bottom section is empty and contains the same labels as the top section.

4. Click *Save and Continue*.



5. A “Saved” message appears in the upper right-hand corner of the screen.



6. To cancel the additional individual or entity, click on the *Cancel* button before *Save and Continue* is clicked.

State: wa    Zip Code: 98888    Type of Finding and/or Conviction: test

---

Entity Name    OR    Listed Individual ▾

Facility Name    Type of License, Contract, and/or Certification


Facility Physical Address    City    State    Zip Code

Type of Finding and/or Conviction

---

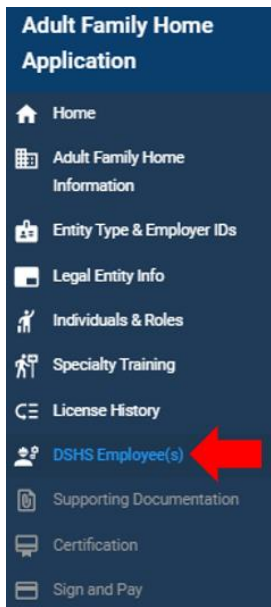
**ADD INDIVIDUAL OR ENTITY**

**SAVE AND CONTINUE**    **CANCEL**

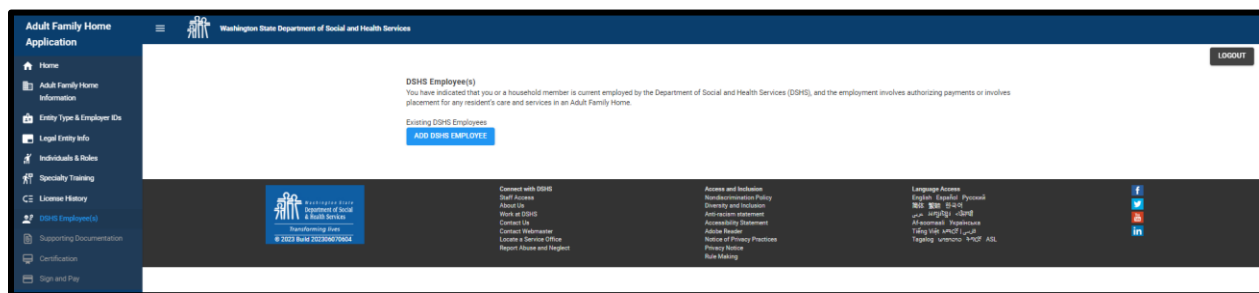


# I. DSHS Employee(s)

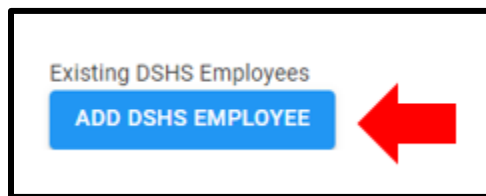
1. On this page, indicate any household members currently employed by DSHS.
2. Click on the link in the side menu.



3. A statement regarding DSHS employment appears.



4. Click *Add DSHS Employee*.



5. Complete the fields.

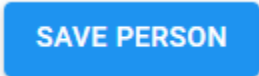
First name	Last name	DSHS Title and Administration
------------	-----------	-------------------------------

6. Click *Cancel* to not save the person.

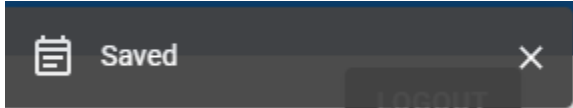




7. Click *Save Person* to save the information.

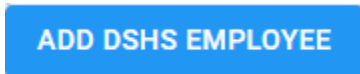


8. A “Saved” message appears in the upper right-hand corner of the screen.



### **Adding Additional DSHS Employees**

1. Click *Add DSHS Employee*.



2. Complete the fields.

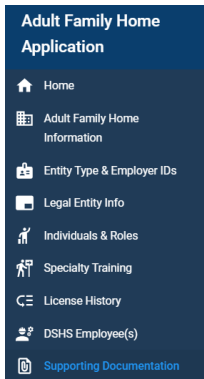
First name	Last name	DSHS Title and Administration
------------	-----------	-------------------------------

3. Click *Save Person* to save the information.

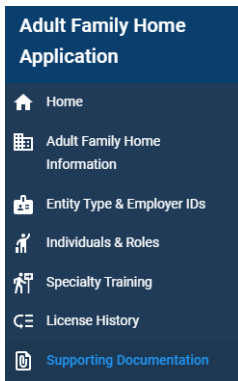


## J. Supporting Documentation

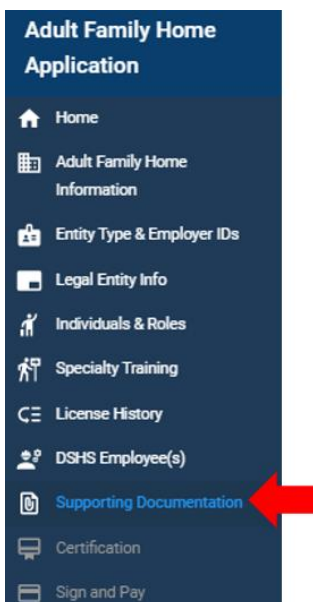
1. On this page, upload additional supporting documents.
2. The page will either appear after the *DSHS Employee(s)* page if it was completed.



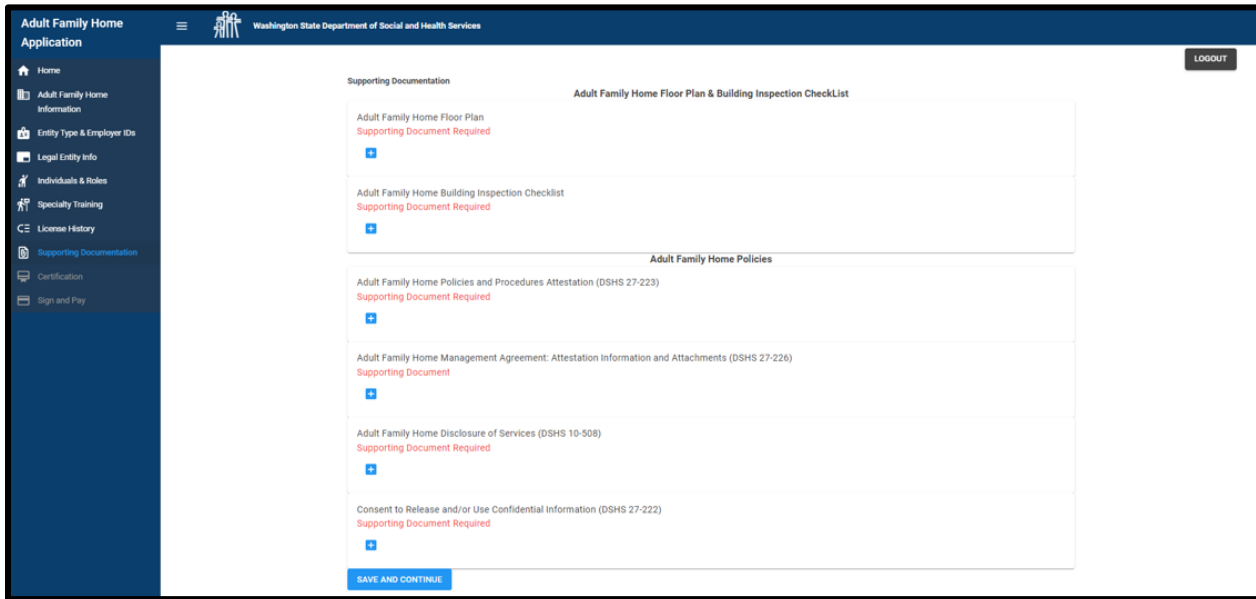
3. Or after the *License History* page is completed if the *DSHS Employee(s)* page was not completed.



4. Click on the link in the side menu.



5. A list of documents will appear.



6. This table shows a list of which documents are required to submit the application.

Document Type	Application Type		
	Initial	Relocation Only	Change of Ownership
Adult Family Home Floor Plan	X	X	X
Adult Family Home Building Inspection Checklist	X	X	
Adult Family Home Policies and Procedures Attestation (DSHS 27-223)	X	X	X
Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)			
Adult Family Home Discloser of Services (DSHS 10-508)	X	X	X
Consent to Release and/or Use Confidential Information (DSHS 27-222)	X	X	X

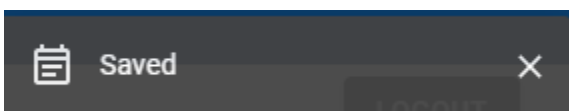
7. The department will let the applicant know if they need to submit any other documents after the application has been submitted.

8. For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

Click *Save and Continue*.

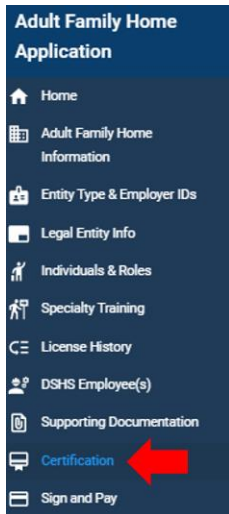


A “Saved” message appears in the upper right-hand corner of the screen.

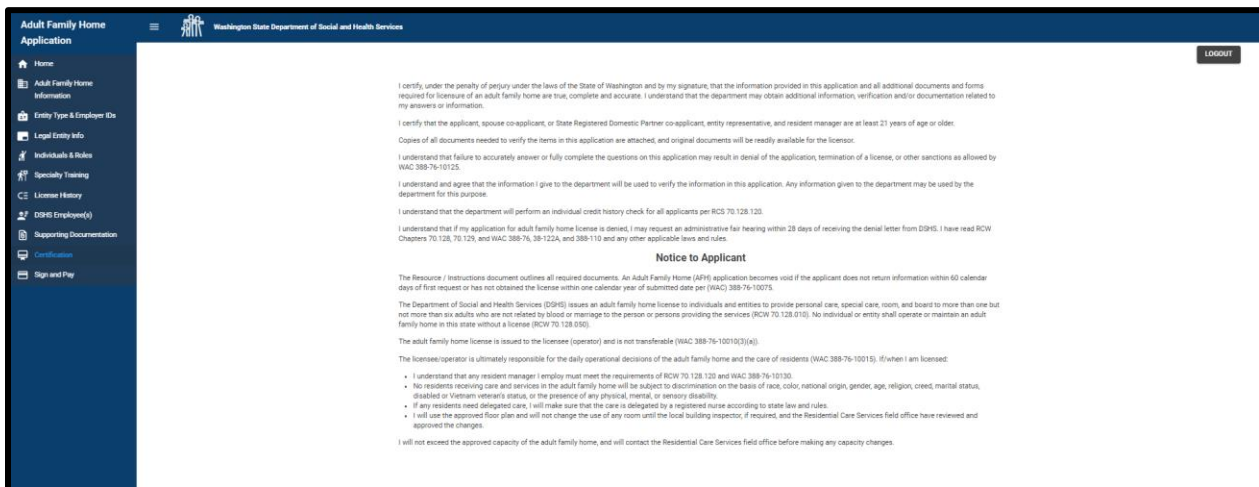


## K. Certification

1. On this page, review the notices.
2. Click on the link in the side menu.

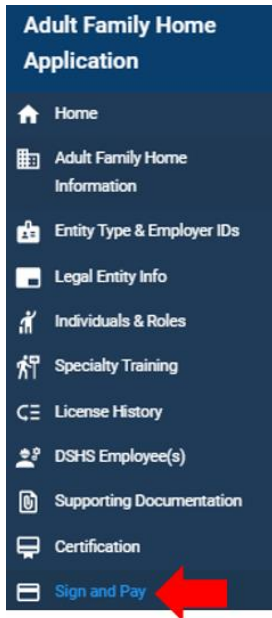


3. The page appears.

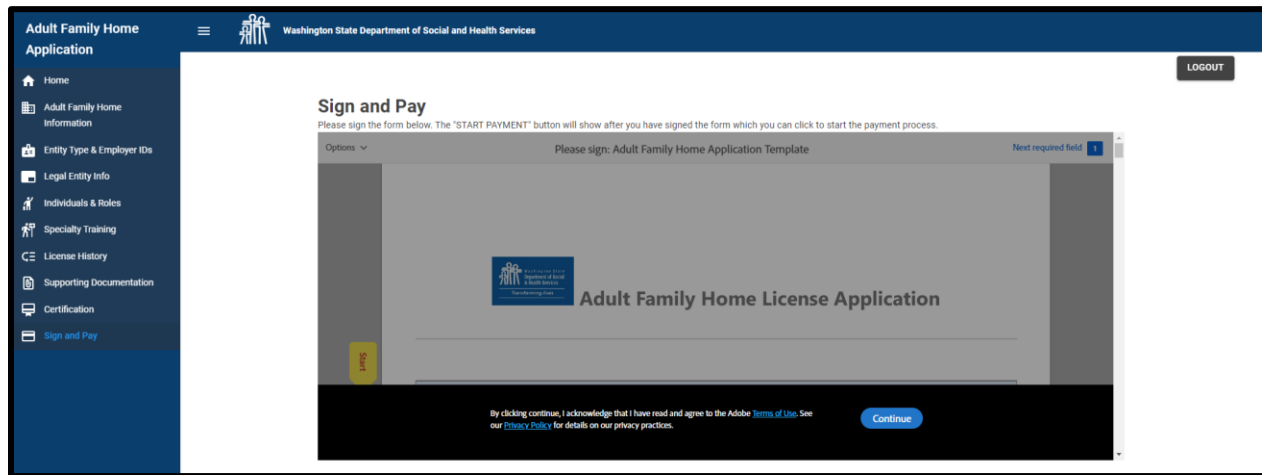


## L. Sign and Pay

1. On this page, sign the application and pay the application fee.
2. Click on the link in the side menu.



3. The page appears.



## Signing the Application

1. Click continue.

## Sign and Pay

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Options ▾ Please sign: Adult Family Home Application Template Next required field 1

**Start**

**Adult Family Home License Application**

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

**Continue**

2. Click on *Start*.

Acrobat Sign Sandbox Learn more

Options ▾ Please sign: Adult Family Home Application Next required field 1

**Start**

**Adult Family Home License Application**

Type of Application

3. Select *Click here to sign*.

Acrobat Sign Sandbox Learn more

Options ▾ Please sign: Adult Family Home Application Next required field 1

office before making any capacity changes.

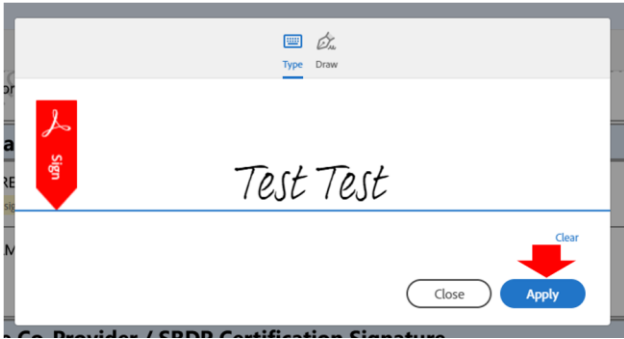
**Applicant Certification Signature**

SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
*Click here to sign	

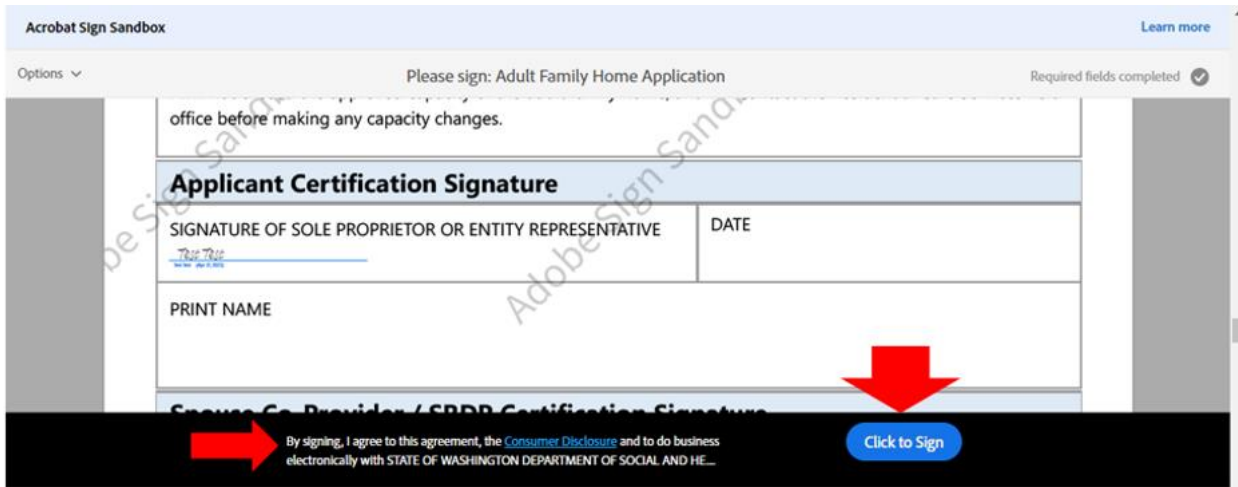
PRINT NAME

**Spouse Co-Provider / SRDP Certification Signature**

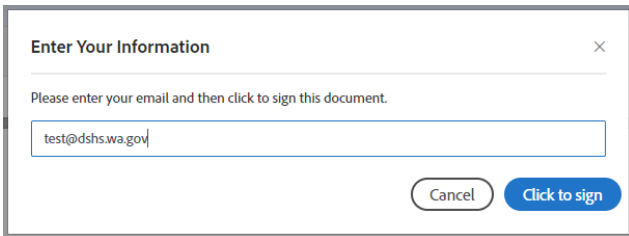
4. Sign the application and click *Apply*.



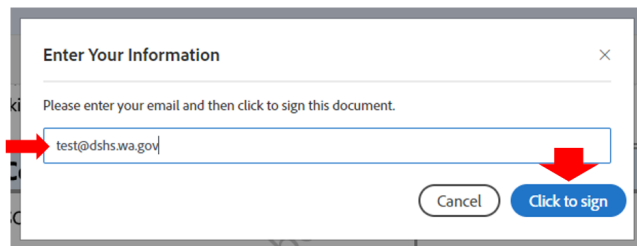
5. Select *Click to Sign*.



6. Enter an email address.

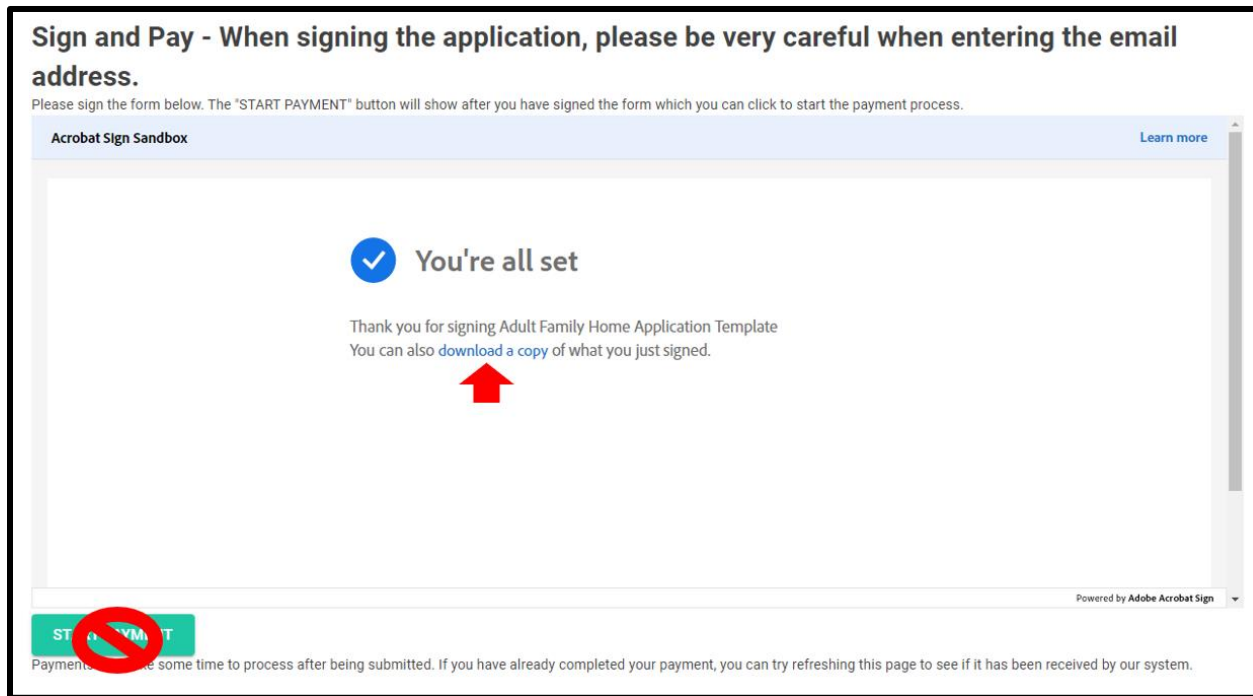


7. Select *Click to sign*.



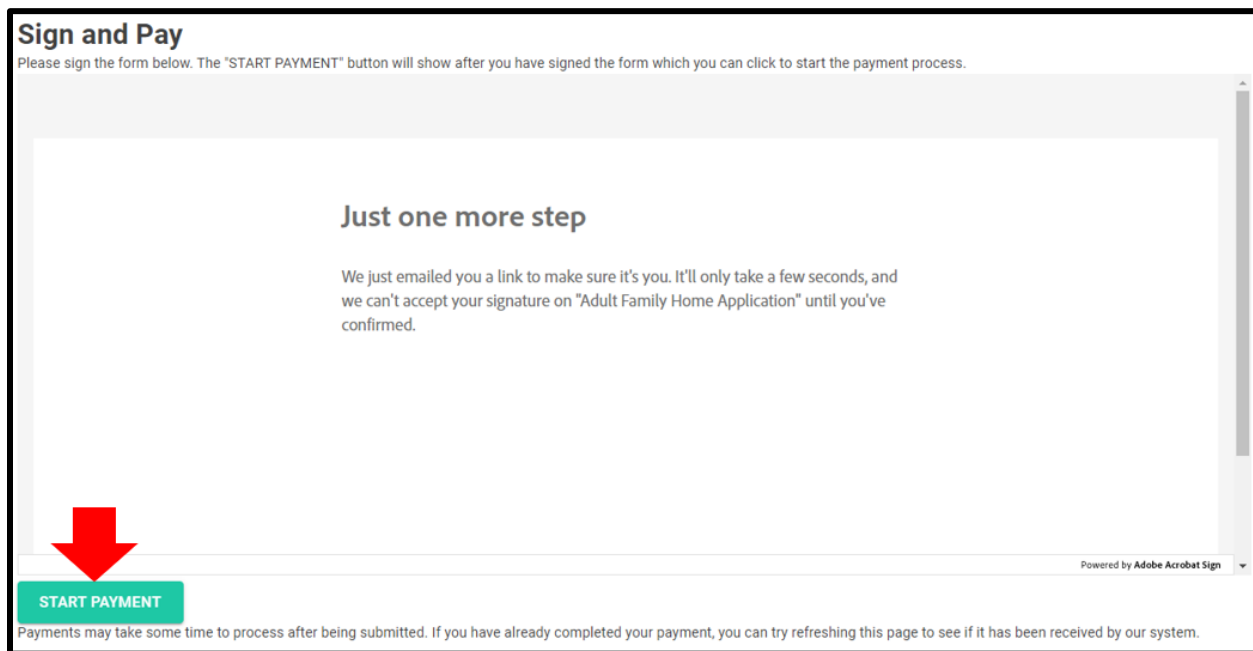
8. A message will appear with a link to download the signed application as a PDF document.

**Note: Download the signed application before completing the payment process. The applicant will not be able to download if after that.**



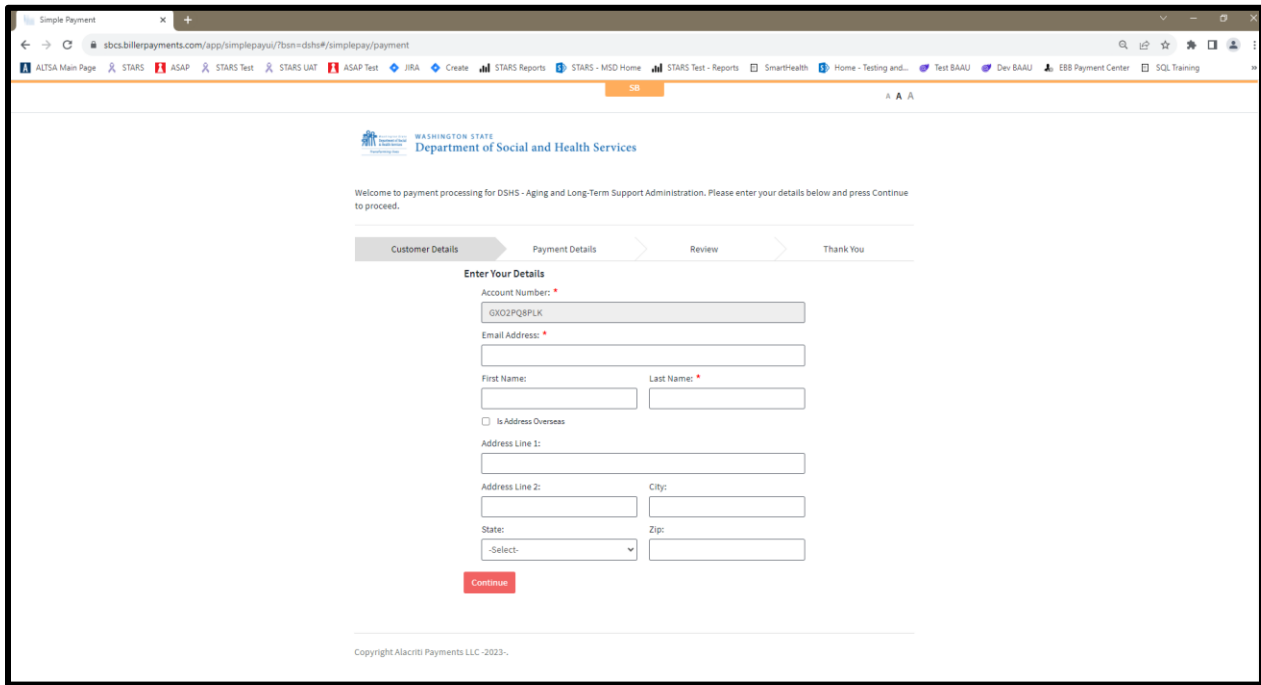
## Submitting the Payment

1. Click *Start Payment*.



2. The payment site appears.





3. Complete the *Customer Details* tab and click *Continue*.



4. The *Payment Details* tab appears. The payment amount cannot be changed.

5. Select the *Payment Method*.

6. Select *New Bank Account* to enter checking account information.

7. Save changes.

8. Select *New Card Account* to enter debit/credit card information. There is a 2.9% fee when using a debit or credit card.

Add New Card Details

Name on Card: \* test test

Card Number: \* \*\*\*\*\*

Expiration Date: \* 12/23

Card Security Code: \* ...

Address Details

Address Line 1: \* 123 Test St

Address Line 2:

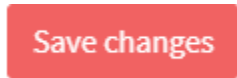
City: \* Olympia

State: \* Washington

Zip: \* 98502

Save changes Cancel

9. Save changes.



10. Click *Confirm*.

Customer Details Payment Details

Payment Details

Payment Type: \*  One Time

Payment Method: Visa Card ending in 9990  
[Edit](#) | [Change](#)

Payment Date: \* 07/17/2023

Payment Amount: \* 2750.00

Enter Additional Payment Details

AppID: 01H5K44M5MKRPBDVY22QGEN0VD

Confirm

11. The *Review* tab appears.

Customer Details	Payment Details	Review	Thank You
<b>Account Details</b>			
Account Number:	9OYM9JP0V6		
Name On Account:	Gabrinetti		
<b>Payment Details</b>			
Payment Method:	Visa Card ending in 9990		
Payment Type:	One Time		
Card Address:	test, test, WA 98888, USA		
Expiration Date:	12/23		
Payment Amount:	\$2,750.00		
Fee:	\$79.75		
Payment Date:	07/17/2023		
Total Amount:	\$2,829.75		
<b>Additional Payment Details</b>			
AppID:	01HSK44M5MKRPBDVY22QGEN0VD		
<p>By clicking <b>Confirm</b> to confirm your payment, you authorize us to initiate a debit from the <b>Payment Method Account</b> to make a payment to the <b>Account</b>, as detailed above. The payment to your account will be made on the <b>Payment Date</b> detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.</p>			
<input type="button" value="Confirm"/> <input type="button" value="Edit"/>			

12. Click *Edit* to make changes.

13. Click on *Confirm* to not make changes.

14. The *Thank You* tab appears if *Confirm* was clicked.

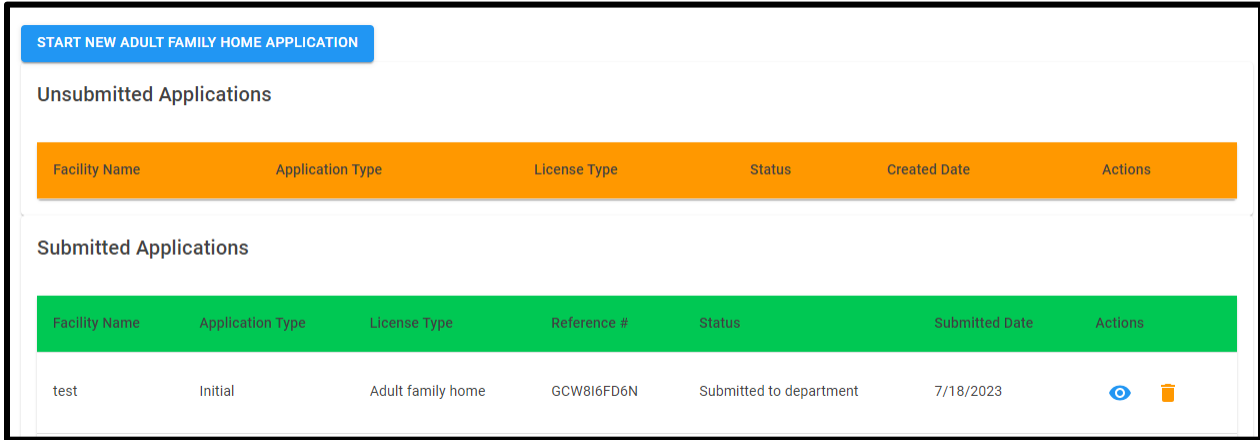
Customer Details	Payment Details	Review	Thank You
<p>WASHINGTON STATE Department of Social and Health Services</p>			
<p>Your payment has been successfully processed. Please make a note of the confirmation number shown below or print this page for your records. A confirmation email has also been sent to the email address shown below. Please call us on 1-360-725-3768 if there is a problem with this payment. If you would like to go back to our website go to <a href="https://baau-test.dshs.wa.gov">https://baau-test.dshs.wa.gov</a>.</p>			
<b>Confirmation Number:</b> INPV5X7FNF			
<b>Account Details</b>			
Account Number:	DRTO6S8IK9		
Name On Account:	gabinetti		
Email Address:	sarah.gabinetti1@dshs.wa.gov		
<b>Payment Details</b>			
Payment Method:	Visa Card ending in 9990		
Payment Type:	One Time		
Card Address:	test, test, WA 88888, USA		
Payment Amount:	\$2,750.00		
Fee:	\$79.75		
Payment Date:	08/07/2023		
Total Amount:	\$2,829.75		
<b>Additional Payment Details</b>			
AppID:	01H6YAHHN413THVQRVC5T5MAQW		
<input type="button" value="Make Another payment"/>			

15. To get back to the application, click on the link to the application.

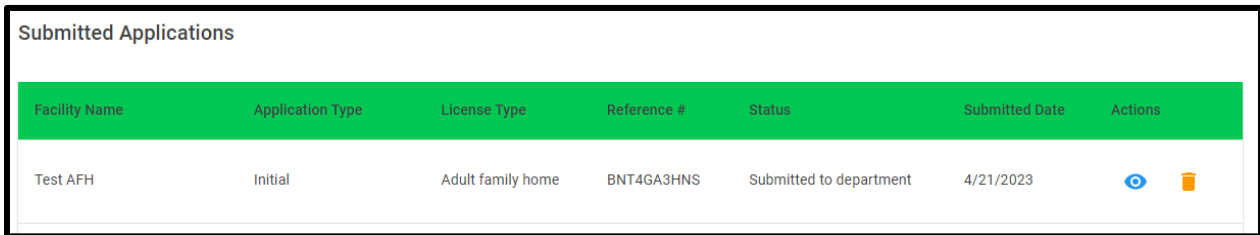


**Note: For Card payments, the transaction will come through as DSHS AL TSA. For ACH payments, the transaction will come through as WADSHSALTSARCS Payment**

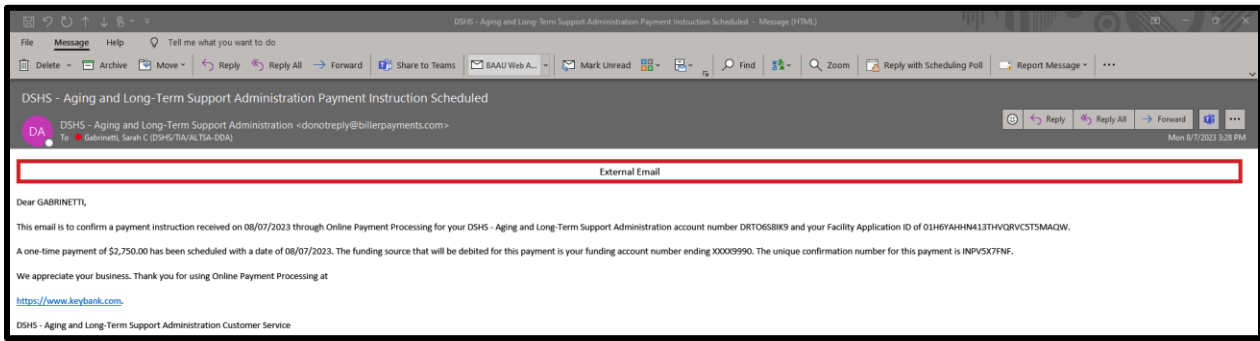
16. The page will refresh back to the *Home* page.



17. The application is in the *Submitted Applications* section.

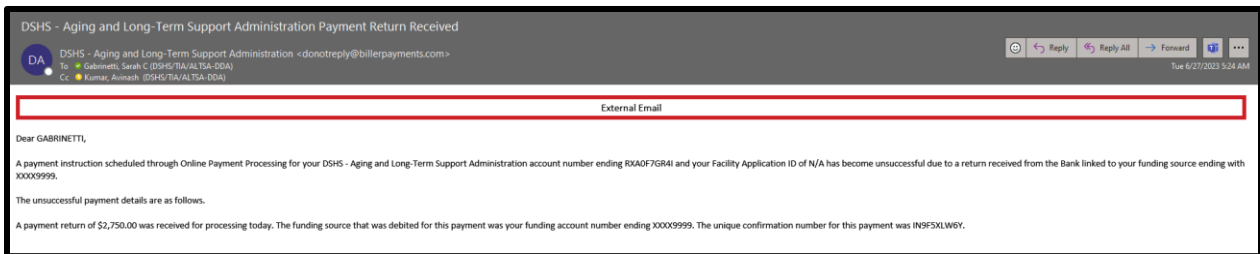


18. A confirmation email regarding the payment will be sent to the applicant and the department.



## Resubmitting the Payment Due to NSF ACH

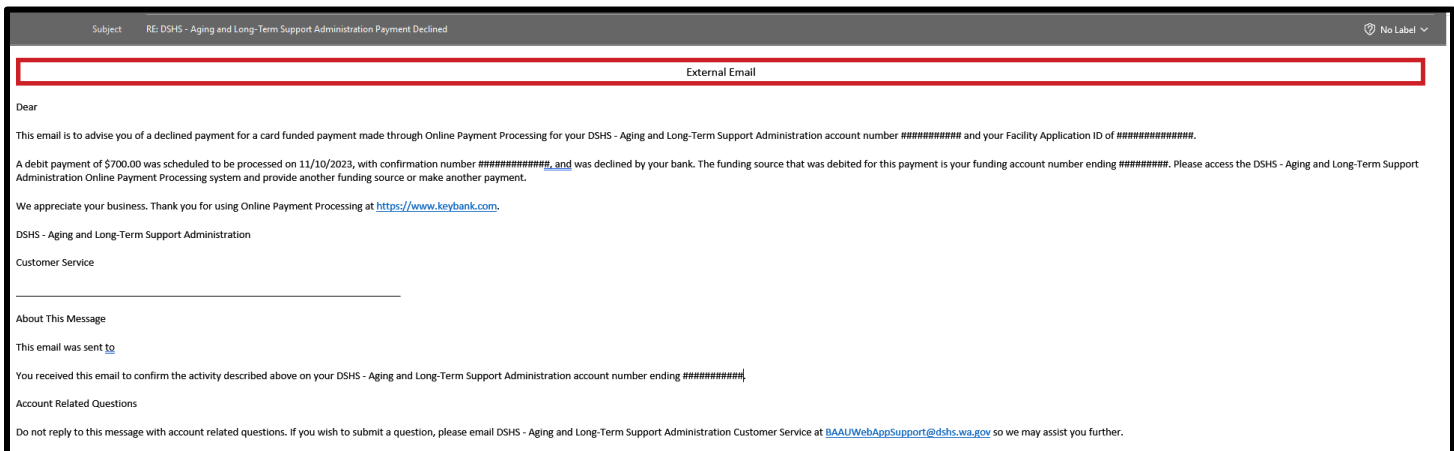
1. An email will be sent if ACH (checking account) was decline due to non-sufficient funds.



2. Resubmit the payment using a different checking account or debit/credit card.

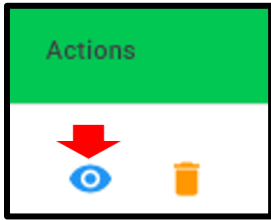
## Resubmitting the Payment Due to Credit/Debit Card Being Declined

1. If the payment is declined immediately, notification will be immediate. To continue on with the payment, use a different credit or debit card or payment method to submit payment.
2. If the payment was not declined immediately but was after the application was submitted, the applicant will receive an email letting them know the payment was not processed. Email the helpdesk at [baauewebappsupport@dshs.wa.gov](mailto:baauewebappsupport@dshs.wa.gov) to let us know the payment was declined or returned by the applicant's bank.



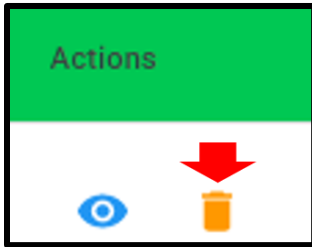
## Viewing Submitted Application

1. Click the “eye” icon to view the application.

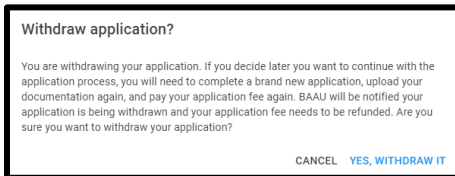


### Withdrawing the Application after Submission

1. Click the trash can icon to withdraw the submitted application.



2. The following message appears. Click “Yes, Withdraw It”.



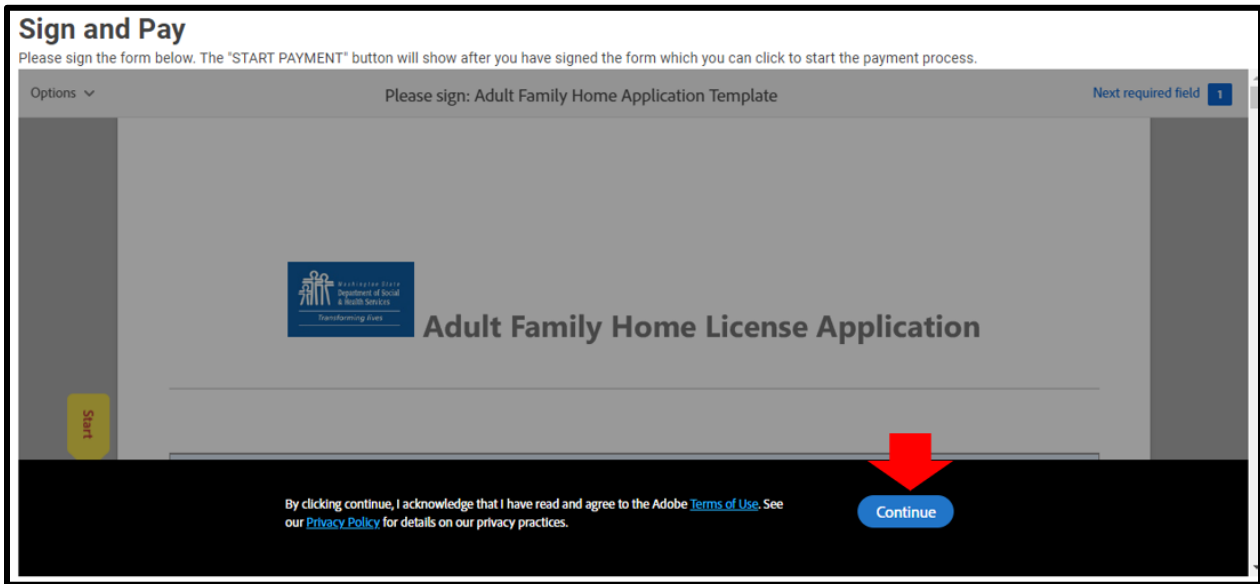
3. The status of the application will update.

Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions
Test AFH	Initial	Adult family home	BNT4GA3HNS	Withdrawn after submission	4/21/2023	

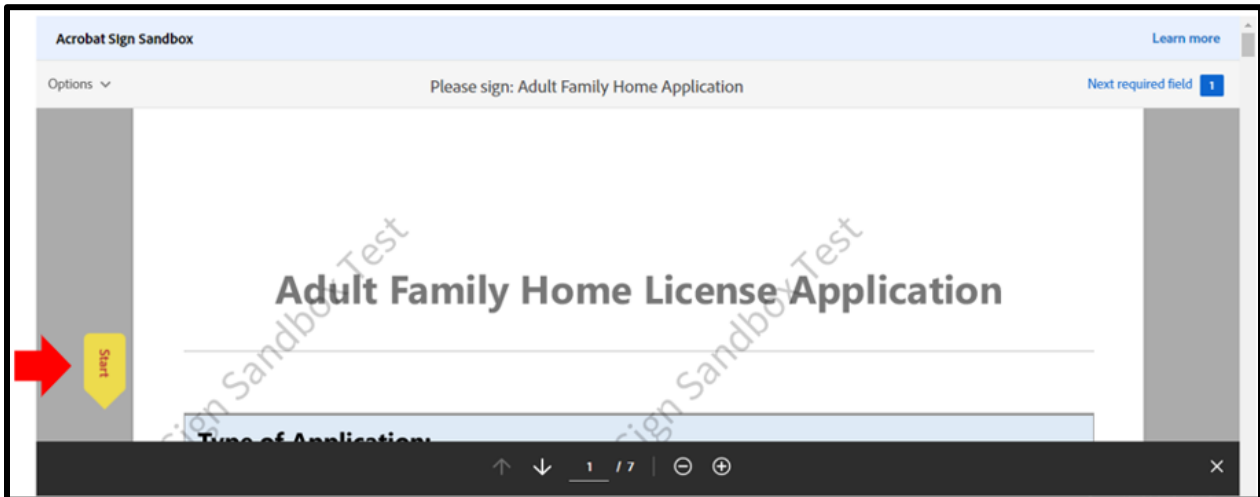
4. Notification is sent to the department.

### M. How to Sign when there is a Co-Applicant

1. On the Sign and Pay page, click *Continue*.

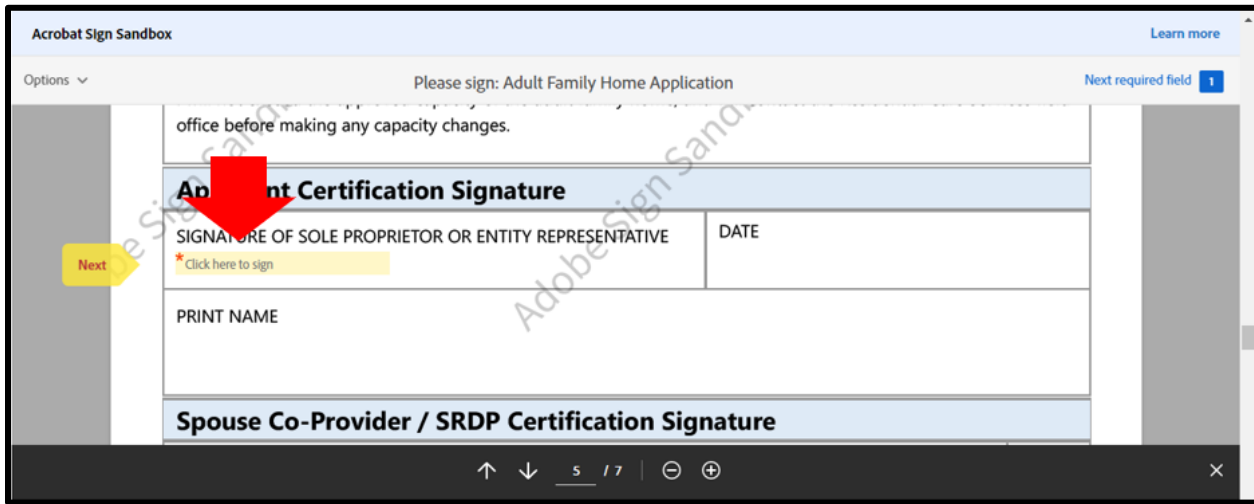


2. Click *Start*



3. Select *Click here to sign*.

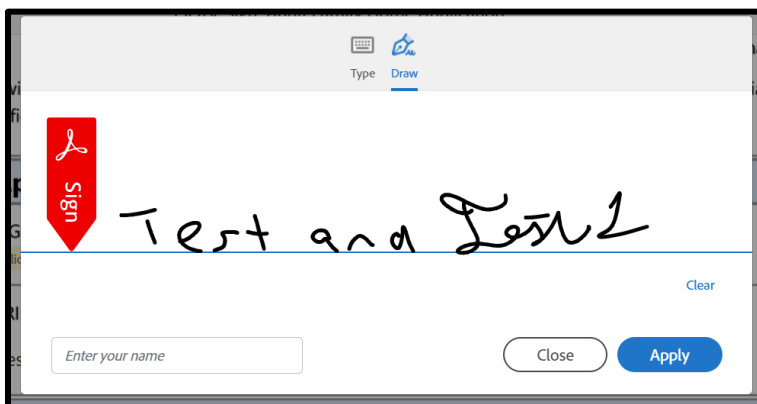




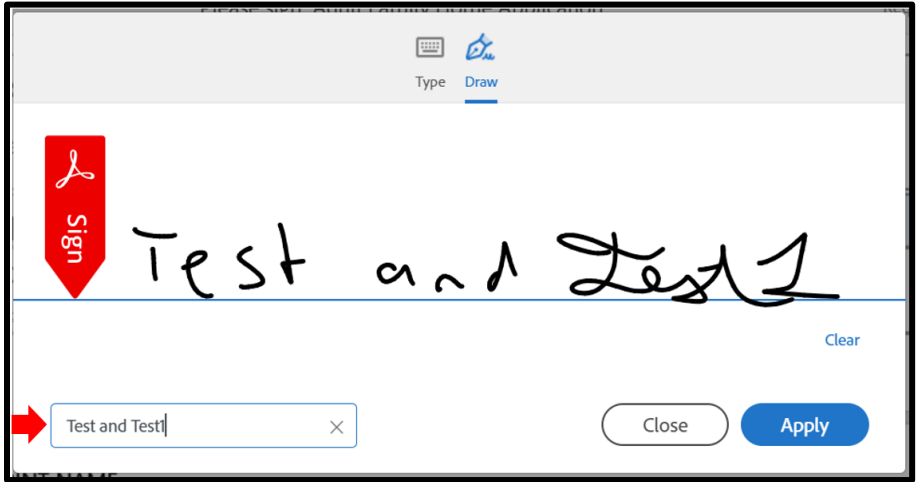
4. Click *Draw*. The signatures cannot be typed.



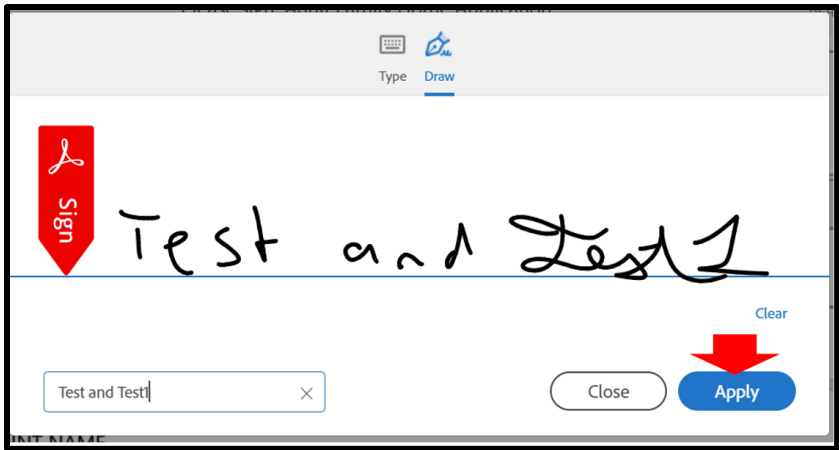
5. In the same signature block, the Sole Proprietor will sign first and then the Co-Applicant will sign. **These signatures must be distinct.**



6. Type in the names in the *Enter your name* box.



7. Click *Apply*.




8. Click *Next*.

Options ▾ Please sign: Adult Family Home Application Next required field 1

required, and the Residential Care Services field office have reviewed and approved the changes.

I will not exceed the approved capacity of the adult family home, and will contact the Residential Care Services field office before making any capacity changes.

Applicant Certification Signature	
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
 <small>We and back - 0047 2014</small>	3/25/2024
PRINT NAME	
Test Test	
Spouse Co-Provider / SRDP Certification Signature	



**Next** →

↑ ↓ 6 / 19 ⌂ ⊕ ×



9. Select *Click here to sign*.

Spouse Co-Provider / SRDP Certification Signature	
SIGNATURE OF CO-APPLICANT (SPOUSE OR STATE REGISTERED DOMESTIC PARTNER) * Click here to sign	DATE 3/25/2024
PRINT NAME Test Test1	
APPLICATION ID: 01HSGT4EY8RW9JD83K91HM2B	

10. The signature will populate from the first signature block. **Do not make any changes to it.**

Applicant Certification Signature	
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE 	DATE 3/25/2024
PRINT NAME Test Test	
Spouse Co-Provider / SRDP Certification Signature	
SIGNATURE OF CO-APPLICANT (SPOUSE OR STATE REGISTERED DOMESTIC PARTNER) 	DATE 3/25/2024

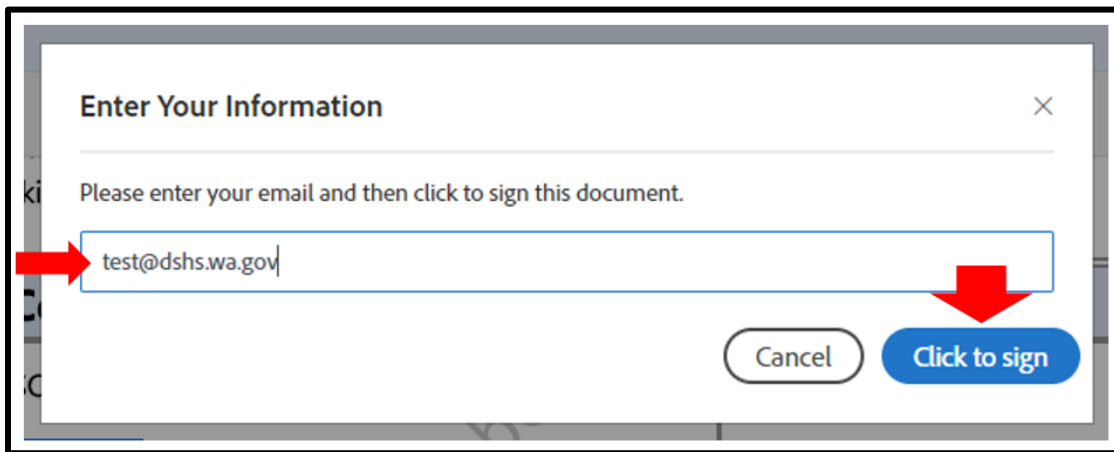
11. Select *Click to Sign*

Applicant Certification Signature	
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE 	DATE 3/25/2024
PRINT NAME Test Test	
Spouse Co-Provider / SRDP Certification Signature	
SIGNATURE OF CO-APPLICANT (SPOUSE OR STATE REGISTERED DOMESTIC PARTNER) 	DATE 3/25/2024

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

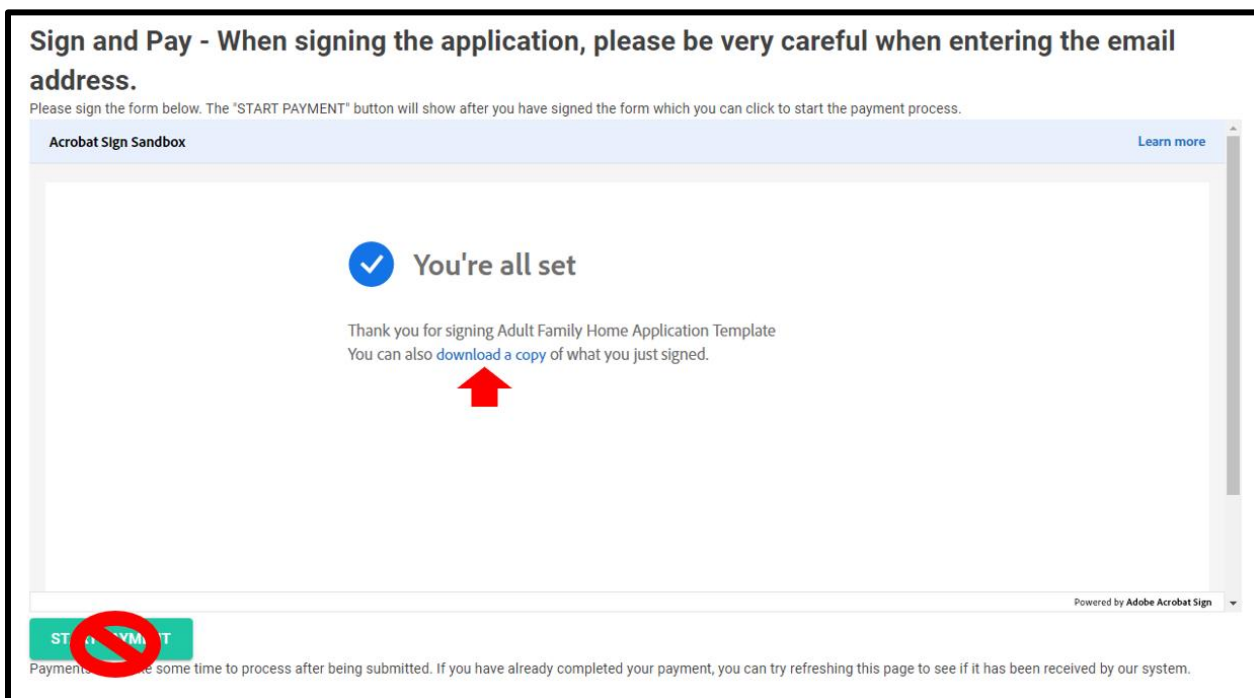
**Click to Sign**

12. Enter an email address and select *Click to sign*.





13. A message will appear with a link to download the signed application as a PDF document.

**Note: Download the signed application before completing the payment process. The applicant will not be able to download if after that.**

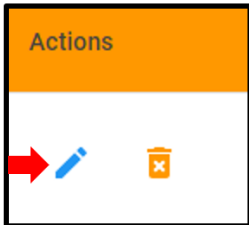


## N. Editing Application after Submission

1. The department will unlock the application and notify the applicant if changes need to be made
2. The unlocked application will be in the *Unsubmitted Applications* section.

Unsubmitted Applications					
Facility Name	Application Type	License Type	Status	Created Date	Actions
Test	Initial	Adult family home	Pending submittal	7/18/2023	 

3. Click the pencil icon.



4. Make any requested changes and resign the application.


5. Click *Continue* on the *Sign and Pay* page.

**Sign and Pay - When signing the application, please be very careful when entering the email address.**

Your application payment has been received.  
Please sign the form again only if you have made changes to the application after you signed it the last time. The 'SUBMIT APPLICATION' button will appear after you have signed the form which you can click to submit your modified application.


Acrobat Sign Sandbox [Learn more](#)

Options ▾ Please sign: Adult Family Home Application Template Next required field 2

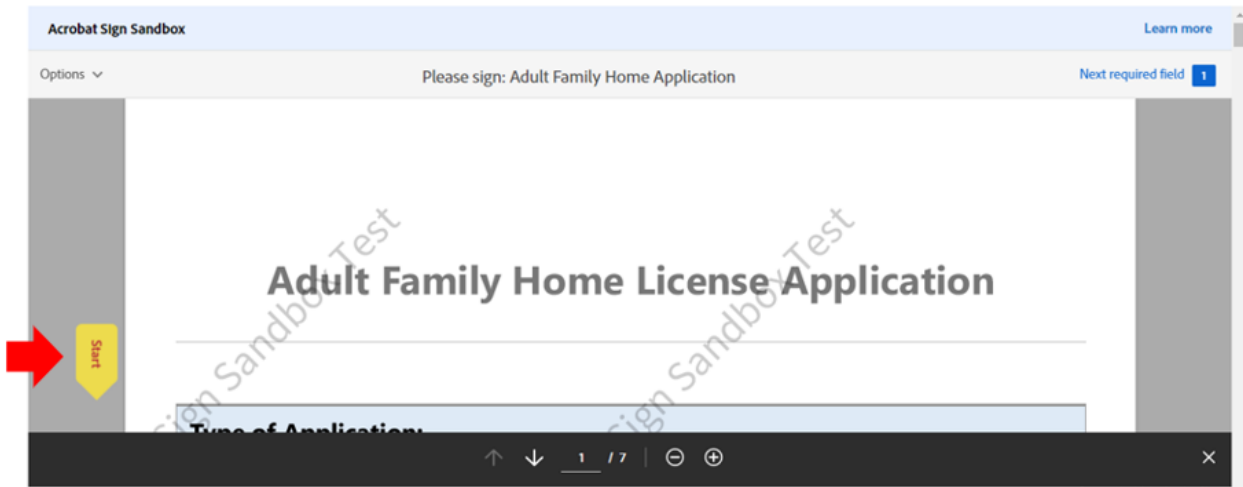


Transforming lives

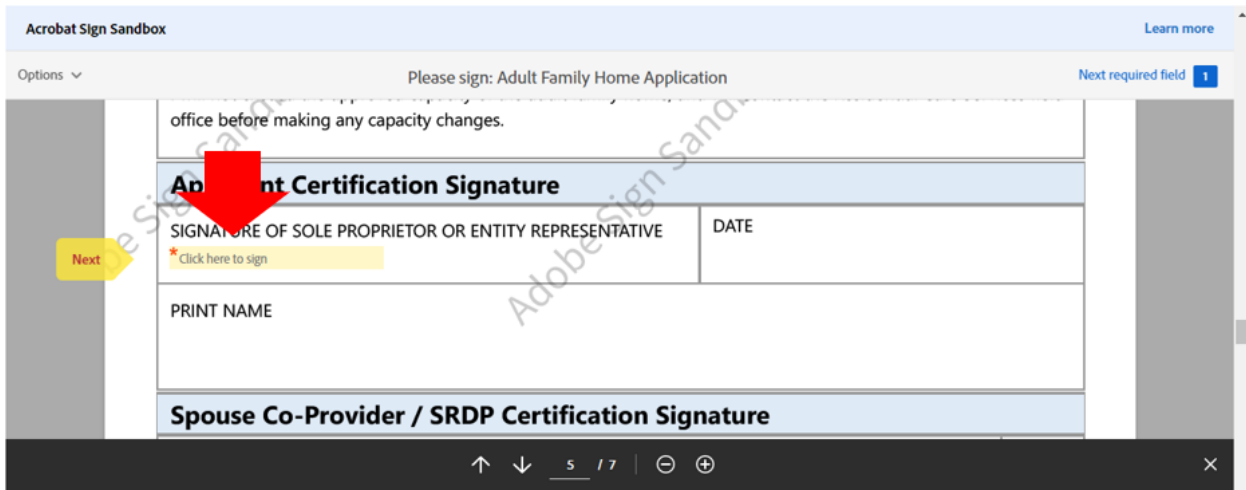
By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.



6. Click on *Start*.



7. Select *Click here to sign*.



8. Sign the application and click *Apply*.



9. Select *Click to Sign*.

10. Enter an email address.

11. Select *Click to sign*.

12. A message will appear with a link to download the signed application as a PDF document.


**Note: Download the signed application before resubmitting the application. The applicant will not be able to download if after that.**

## Sign and Pay - When signing the application, please be very careful when entering the email address.


Your application payment has been received.

Please sign the form again only if you have made changes to the application after you signed it the last time. The 'SUBMIT APPLICATION' button will appear after you have signed the form which you can click to submit your modified application.


Acrobat Sign Sandbox Learn more

 **You're all set**

Thank you for signing Adult Family Home Application Template  
You can also [download a copy](#) of what you just signed.



Powered by Adobe Acrobat Sign

**SUBMIT APPLICATION** 


13. Click on the *Submit Application* button to resubmit the application.

## Sign and Pay - When signing the application, please be very careful when entering the email address.


Your application payment has been received.

Please sign the form again only if you have made changes to the application after you signed it the last time. The 'SUBMIT APPLICATION' button will appear after you have signed the form which you can click to submit your modified application.

Acrobat Sign Sandbox Learn more

 **You're all set**

Thank you for signing Adult Family Home Application Template  
You can also [download a copy](#) of what you just signed.



Powered by Adobe Acrobat Sign

**SUBMIT APPLICATION**



## Revision History

This document has been revised from the original draft. Revisions are described in the table below.

Revision Date	Version	Description	Initials
08/01/23	1.0	Initial version	SCG
09/07/23	1.1	Updated pgs. 25, 26, and section J	SCG
09/08/23	1.2	Updated Table of Contents, pgs. 39, 52, and section K	SCG
11/16/23	1.3	Updated Entire Manual	SCG
01/02/24	1.4	Remove references to AFH Orientation class	SCG
03/28/24	1.5	Added section N to Chapter 5 and updated section M	SCG