



Transforming  
Lives

# AFH Administrator Training

## Module 5: Submitting Your Application

*Adult Family Home Administrator Manual, Version 5.2*

# Agenda

- The application process and required documentation
- How to overcome the biggest hurdles to becoming licensed
- Where to go for help in the application process
- Role of the BAAU



# Learning Objective

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**At the end of this module, you will be able to...**

- Discuss the role of the BAAU
- Explain the application process and the documentation required
- Identify the biggest hurdles and how to overcome them
- Identity resources to help in the application process

# What Do You Know?

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## True/False

1. You can use any version of the application
2. The Business Analysis and Applications Unit (BAAU) can fix errors on your application to speed up the process
3. You should keep copies of the documentation you submit to the BAAU.

# Business Analysis and Applications Unit (BAAU)

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- The BAAU processes your AFH application
- Your application is a legal document
- The BAAU cannot write on the document, make any changes, or offer legal advice
- The BAAU can help



# How Long Does It Take To Become Licensed?

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- The BAAU is unable to provide you with a specific time frame
- Delay - There is a 98% error rate on applications being returned
- Delay - Errors related to incorrect documentation
- Delay – Not returning required corrections timely



# BAAU Application Processing Timeline

Washington State Department of Social and Health Services

How may we help you?

Aging and Long-Term Support Administration

[About ALTSA](#) | [Frequently Asked Questions](#) | [Find Local Services, Information and Resources](#)

[Home](#) > [ALTSA](#) > [Long-Term Care Professionals & Providers](#) > [Residential Care Services](#) > [BAAU Application Processing Timeline](#)

## ALTSA

Long-Term Care Professionals & Providers

### ▼ Residential Care Services

[Adult Family Home Providers](#)

[Assisted Living Facility Professionals](#)

[Nursing Home Professionals](#)

[Certified Community Residential Setting Providers](#)

[ICFs/IID Providers](#)

[Enhanced Services Facilities](#)

[Behavioral Health Support for Providers](#)

[Long-Term Care Quality Improvement Program](#)

[RCS Management Bulletins](#)

## BAAU Application Processing Timeline

### Notice

The Business Analysis & Applications Unit (BAAU) is currently processing license applications received in **October 2022**. If you have questions, please contact BAAU at [BAAU@dshs.wa.gov](mailto:BAAU@dshs.wa.gov)

AFH Applications

ALF Applications

NH Applications

ESF Applications

# Critical Timeframes

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- Be licensed within 1 calendar year
- Have 60 calendar days to make any corrects requested by the BAAU



# Reviewing the AFH Licensing Application

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- Returned
- Voided
- Withdrawn

# Before You Begin Your Application

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- You have registered your business
- Have gathered all your supporting documentation
- Have completed the Building Inspection List – It is passed
- Have completed the AFH Administrator Training
- Have completed all required forms
- Completed background check authorizations

# Online Web Based AFH Licensing Application

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- Will need a computer with a Chrome browser
- How to complete an application help document
- Help for technical issues – HOW the system works
- Will need a Secure Access Washington (SAW) account
- Will not let you start an application if you don't meet the screening criteria
- Built in safeguards to reduce errors – Will not catch them all
- Pay licensing fee online

# AFH Information

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- Published on the AFH Locator
- Keep up on your business emails
- Instruction Document
- BAAU provides CONTENT help

# Entity Type & Employer IDs

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- You will need your:
  - *Federal Employer Identification Number* (limited to 9 digits)
  - *Washington State Unified Business Identifier* (limited to 9 digits)
- #3 error – Proof of UBI and EIN do not match the names on the application
- All business names must match:
  - Department of Revenue
  - Secretary of State
  - Internal Revenue Service

# Required Documents for AFH Information Section

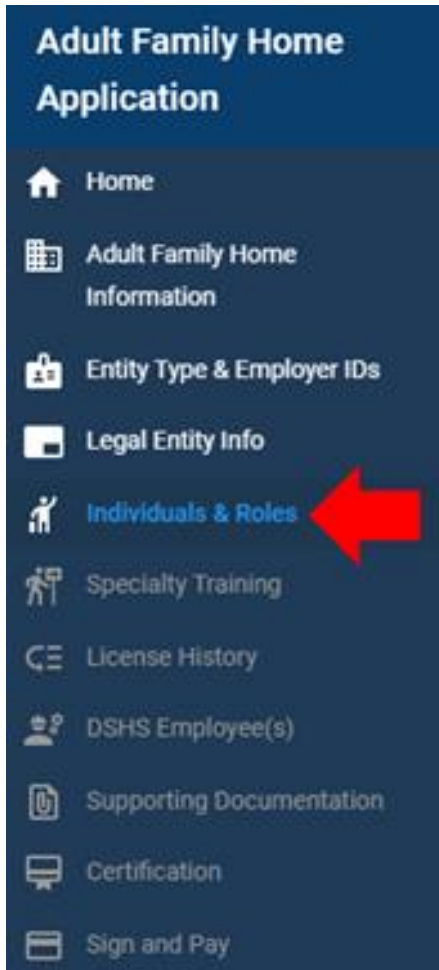
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- Secretary of State Document
- Master Business License
- Internal Revenue Service Document



# Individuals & Roles

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- Entity Roles table
- 21 years of age
- Names in Property Owner field must match county assessor's website
- Legal name must match your business name – No abbreviations
- All property taxes must be up to date

# Have These Document Ready – Need Based on Role

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- Government Issued Photo ID
- Proof of Education
- Adult Family Home Caregiving Experience Attestation (CEA)
- Current First AID/CPR
- Food Handlers Certification
- Training Certificates
- Background Check/Fingerprinting (Use correct URL)
- Proof of Licensure through the Department of Health or Exemption Documentation
- AFH Administrator Training Certificate
- Specialty Training Certificates (Go to DDA for Developmental Disability Specialty Training

## Additional Pages

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- License History
- DSHS Employee
- Certification
- Sign and Pay
- Supporting Documentation
  - AFH Floor Plan
  - AFH Building Inspection Checklist
  - AFH Policies & Procedures Attestation
  - AFH Disclosure of Services
  - Consent to Release and/or Use Confidential Information

# Caregiver Experience Attestation

## Page by Page Section by Section Review

### Why must this CEA form be completed?

Washington state law ([RCW 70.128.120](#)) specifies the minimum qualifications for Adult Family Home (AFH) providers, individual applicants, spouse co-provider or state registered domestic partner co-provider, entity representatives, and resident managers. Subsection (9) of the law states: For those applying to be licensed as providers, and for resident managers whose employment begins after August 24, 2011, at least **one thousand hours in the previous sixty months of successful, direct caregiving experience obtained after age eighteen to vulnerable adults in a licensed or contracted setting prior to operating or managing an adult family home.** The individual applicant, spouse co-provider or state registered domestic partner co-provider, entity representative or resident manager must have credible evidence of the successful, direct caregiving experience.

If you have one of the following valid, current professional licenses, you **DO NOT** have to complete this form:

Physician, Osteopathic physician licensed under [Chapter 18.71 RCW](#), Physician Assistant, Osteopathic physician assistant licensed under [Chapter 18-57A RCW](#), or RN, ARNP, or LPN licensed under [Chapter 18.79 RCW](#). This requirement is pursuant to [WAC 388-76-10065](#), and [WAC 388-76-10130](#).

### Who must complete this CEA form?

The attestor who completes the form must have personal knowledge of the direct caregiving experience achieved after age eighteen. The attestor on this form may be a supervisor, co-worker, client / resident or a family member of a client/resident. Aging and Long-Term Support Administration and Developmental Disabilities Administration case managers cannot serve as attestors. A completed CEA Form, with a notarized signature, is the only acceptable documentation that meets this requirement. The department may request additional caregiving experience attestations.

**If applying for an Adult Family Home License, please submit this form with the Adult Family Home License Application.**

**The department will NOT accept the attestation if incomplete and/or not notarized.**

### Section 1. Completed by provider, individual applicant, spouse co-provider, or State Registered Domestic Partner (SRDP) co-provider, entity representative, or resident manager.

Check here to indicate whether you are a:

☐ Applicant / Provider ☐ Spouse / SRDP Co-Provider ☐ Entity Representative ☐ Resident Manager

1. INDIVIDUAL APPLICANT'S / CO-PROVIDER'S / ENTITY REPRESENTATIVE'S / RESIDENT MANAGER'S NAME

2. NAME OF ADULT FAMILY HOME

3. ADDRESS OF PROPOSED ADULT FAMILY HOME CITY STATE ZIP CODE

### Section 2. This section is to be completed by the attestor.

Write N/A (not applicable) for areas that do not apply.

1. YOUR NAME	TITLE OR ROLE
2. Provide two telephone numbers where you can be reached between 8:00 a.m. and 5 p.m. weekdays.	
TELEPHONE NUMBER (INCLUDE AREA CODE)	ALTERNATE TELEPHONE NUMBER (INCLUDE AREA CODE)



## Adult Family Home Caregiving Experience Attestation (CEA)

### Why must this CEA form be completed?

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[Check here to indicate whether you are a:](#)

☐ Applicant / Provider    ☐ Spouse / SRDP Co-Provider    ☐ Entity Representative    ☐ Resident Manager

1. INDIVIDUAL APPLICANT'S / CO-PROVIDER'S / ENTITY REPRESENTATIVE'S / RESIDENT MANAGER'S NAME

2. NAME OF ADULT FAMILY HOME

3. ADDRESS OF PROPOSED ADULT FAMILY HOME	CITY	STATE	ZIP CODE
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**Section 2. This section is to be completed by the attestor.**

Write N/A (not applicable) for areas that do not apply.

## 1. YOUR NAME

TITLE OR ROLE	NAME	ORGANIZATION	ADDRESS	PHONE	TELETYPE	TELEFAX	EMAIL	WWW
Chairman	John A. DeLoach	Director	Central Intelligence Agency	202-456-7000			john.deloach@cia.gov	
Vice Chairman	James H. Baker	President	Hewlett-Packard Company	650-951-1414			jim.baker@hp.com	www.hp.com
Member	Robert A. Bell	President	General Electric	617-243-1111			robert.bell@ge.com	www.ge.com
Member	William E. Brock	President	Boeing Company	206-426-7000			william.brock@boeing.com	www.boeing.com
Member	John D. Calhoun	President	General Motors	313-487-1111			john.calhoun@gm.com	www.gm.com
Member	James C. Connelley	President	IBM Corporation	914-924-1111			james.connelley@ibm.com	www.ibm.com
Member	John F. Cullen	President	AT&T Intellectual Property	201-981-1111			john.cullen@att.net	www.att.net
Member	William H. French	President	General Electric	617-243-1111			william.french@ge.com	www.ge.com
Member	John G. Harbo	President	General Electric	617-243-1111			john.harbo@ge.com	www.ge.com
Member	John H. Johnson	President	Johnson & Johnson	732-524-1111			john.johnson@jnj.com	www.jnj.com
Member	John L. Jones	President	General Electric	617-243-1111			john.jones@ge.com	www.ge.com
Member	John K. Kelly	President	General Electric	617-243-1111			john.kelly@ge.com	www.ge.com
Member	John L. Ladd	President	General Electric	617-243-1111			john.ladd@ge.com	www.ge.com
Member	John M. Little	President	General Electric	617-243-1111			john.little@ge.com	www.ge.com
Member	John P. McGowan	President	General Electric	617-243-1111			john.mcgowan@ge.com	www.ge.com
Member	John R. McLaughlin	President	General Electric	617-243-1111			john.mclaughlin@ge.com	www.ge.com
Member	John S. McLaughlin	President	General Electric	617-243-1111			john.s.mclaughlin@ge.com	www.ge.com
Member	John T. McLaughlin	President	General Electric	617-243-1111			john.t.mclaughlin@ge.com	www.ge.com
Member	John W. McLaughlin	President	General Electric	617-243-1111			john.w.mclaughlin@ge.com	www.ge.com
Member	John X. McLaughlin	President	General Electric	617-243-1111			john.x.mclaughlin@ge.com	www.ge.com
Member	John Y. McLaughlin	President	General Electric	617-243-1111			john.y.mclaughlin@ge.com	www.ge.com
Member	John Z. McLaughlin	President	General Electric	617-243-1111			john.z.mclaughlin@ge.com	www.ge.com

2. Provide two telephone numbers where you can be reached between 8:00 a.m. and 5 p.m. weekdays.

TELEPHONE NUMBER (INCLUDE AREA CODE)

ALTERNATE TELEPHONE NUMBER (INCLUDE AREA CODE)



3. What is the best time to call during those hours?
4. How do you know the person named in Section 1? ☐ Co-worker ☐ Employer / Superior ☐ Client / Resident  
☐ Family member of client / resident ☐ Other (only upon department approval):
5. Does this person currently work for you? ☐ Yes ☐ No
6. In what care setting (licensed or contracted) did you work with him / her?
7. What is the name of the place where you work / worked with this person?
8. Did this person's primary responsibilities include providing direct care and assistance to vulnerable adults?  
☐ Yes ☐ No; if no, what other duties?
9. Did this person's total hours of direct care experience exceed 1,000 hours? ☐ Yes ☐ No  
If no, how many hours?                      Dates (month and year): From:                      To:
10. List the dates the care was provided (month and year): From:                      To:
11. Did this person meet the physical and emotional needs of care recipients? ☐ Yes ☐ No
12. Was the person reliable: ☐ Yes ☐ No
13. Did this person have the ability to follow procedures, guidelines, and instructions? ☐ Yes ☐ No
14. Was the person an employee, why did the person leave?  
If not an employee, check here: ☐ N/A
15. Would you employ this person to be a caregiver for vulnerable adults? ☐ Yes ☐ No  
If no, why not?

SIGNATURE OF PERSON COMPLETING THIS FORM		DATE
<b>NOTARY PUBLIC</b>	State of _____ County of _____	
	I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he / she signed this instrument and acknowledged it to be his / her free and voluntary act for the uses and purposes mentioned in the instrument.	
	_____	
	Dated: _____	
	(Seal or Stamp)	SIGNATURE
	Title: _____	
	My appointment expires: _____	

# BAAU Process

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- Financial Assessment
- Receipt of Application Verification
- Corrections Required
- Acceptance for Processing
- Complete Application Notification
- Issuing your License
- License Renewal and Transfer

# Summary Review

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## During this module we learned...

- The role of the BAAU
- The application process, including required time frames, and the documentation required
- What the biggest hurdles are and how to overcome them
- What resources are available to help in the application process

## Test Your Knowledge

1. What are the biggest hurdles to becoming licensed?
2. Why is it importance to keep your AFH naming structure consistent?
3. What is the number one reason applications are returned?







## Get Ready For Your Next Class

- Read and come prepared to discuss your assigned modules