



RESIDENTIAL CARE SERVICES (RCS)
**Adult Family Home (AFH) Change in
 Licensed Bed Capacity - Increase**

Please type or print clearly. Fill out the form completely by answering all questions and following all instructions. Please refer to [WAC 388-76-10030](#), [WAC 388-76-10031](#), and [RCW 70.128.066](#). It is the responsibility of the licensee to submit a complete form and fee. Please contact RCSBOA@dshs.wa.gov if you have questions about this form. This form may be photocopied.

AFH NAME		AFH LICENSE NUMBER
AFH ADDRESS		COUNTY
NAME AND TITLE OF CONTACT PERSON (PROVIDER, ENTITY REPRESENTATIVE, RESIDENT MANAGER)		PHONE NUMBER
CURRENT LICENSED CAPACITY	PROPOSED LICENSED CAPACITY	EMAIL ADDRESS

Does your home have a septic system? Yes No

If yes, please include documentation showing the capacity supported by the septic system. This capacity should be shown in number of individuals, not number of bedrooms.

Are you requesting to increase the home's capacity to seven or eight beds? Yes No

If no, skip to the next section for all applicants.

FOR CAPACITY INCREASES TO SEVEN OR EIGHT BEDS:

See [RCW 70.128.066](#) and [WAC 388-76-10031](#), and complete this section of the form.

Please include the following documents. Please label all documents:

- An application fee of \$485. Make your check or money order payable to Washington State Treasurer. Mail this form and the fee to: AL TSA, PO BOX 45600, OLYMPIA WA 98504-5600. **Please write the adult family home license number on your check.** Forms submitted without the fee will not be processed.
- A copy of the notification provided to residents and their representatives of the capacity increase.
- A copy of the permit for the sprinkler system.
 - Check here if your home does not have a sprinkler system because your license is limited to serving only residents who are independent with evacuation. This limit must be on your license in order to meet this requirement.
- A written plan to mitigate the potential impact of vehicular traffic related to the increased capacity.

To increase to seven or eight beds you must meet all requirements found in [RCW 70.128.066](#) and [WAC 388-76-10031](#).

- I attest, by my signature on Page 2, that this increase will not adversely affect my ability to meet the health, safety, rights, or quality of life needs of current and prospective residents in the home.
- I understand the department will obtain a credit report for the sole proprietor and their spouse or domestic partner, the entity representative with an ownership interest in the business and their spouse or domestic partner, and all entity owners, partners, officers, members, and directors of the corporation to determine financial solvency. The individuals listed immediately below consent, by their signature, to the department obtaining a credit check for this purpose.

NAME OF PERSON	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	ROLE	SIGNATURE AND DATE

All Applicants

Once your form has been submitted and verified, a licensor will contact you to schedule an inspection to verify the home can sufficiently meet the capacity increase. You will be required to pay an additional bed fee based on the number of beds added and the time until your annual licensing fee is due. This will be collected after your inspection but before your capacity increase is approved. To estimate the amount due, see the formula on page 2.

Remember, the capacity increase is not in effect until you receive a revised license and letter from the department verifying that the capacity increase is approved.

By signing this form, you are stating that you have read the requirements and understand what you need to do in order to receive your requested capacity increase.

SIGNATURE

DATE

PRINT NAME

For AL TSA Fiscal Use Only

For AL TSA / RCS Use Only

Calculate the additional bed fee:

Once you have completed the inspection and a licensor makes a recommendation to increase your bed capacity, you will need to submit payment for each additional bed in order to receive your capacity increase. You can estimate the amount owed for the additional licensed beds, which is based on the time until your next annual fee is due, using this formula:

$$\text{months until the anniversary date} \times \text{increased beds} \times \$18.75 \text{ (monthly bed fee)} = \$$$

Any part of a month should be rounded up. Example: If your anniversary date is three (3) months and one (1) day from now, you would round up to four (4) months. You will be contacted with the amount owed after the inspection and recommendation are complete, and your capacity increase will not be approved until payment is received.