

## AFH Change in Licensed Bed Capacity - Decrease

There is no fee to decrease the number of licensed beds. There is NO REFUND of any portion of the per bed fee you paid. You must have a minimum of two (2) licensed beds to be an Adult Family Home.

Fax the completed form to Business Analysis and Applications Unit (BAAU) at (360) 725-2645. If you do not have a fax, our mailing address is BAAU, PO Box 45600, Olympia WA 98504-5600, or email the BAAU Unit (DSHS / AL TSA) at [BAAU@dshs.wa.gov](mailto:BAAU@dshs.wa.gov).

AFH NAME	AFH LICENSE NUMBER	COUNTY
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Licensed bed change: Capacity **DECREASE** of \_\_\_\_\_ beds  
TOTAL number of beds to be licensed: \_\_\_\_\_

Name and phone number of the primary contact for questions:

PRINT NAME	PHONE NUMBER (WITH AREA CODE)	DATE
PRINT TITLE		

**For AL TSA / RCS Use Only**

Please type or print clearly. Answer all questions and follow all instructions. Please refer to WAC 388-76-10030. It is the responsibility of the licensee to submit a complete form and fee. Contact 360-725-2420 if you have questions about this form. This form may be photocopied.