



## ALF Change in Licensed Resident Bed Capacity or Use of Rooms

FACILITY NAME	LICENSE NUMBER	EMAIL ADDRESS (REQUIRED)	
NAME OF CONTACT	TELEPHONE NUMBER (WITH AREA CODE)	DATE	
<p>Assisted Living Facility (ALF) per resident bed fee is \$116; if there are less than 12 months before your license expires, you will need to pro-rate this fee. Make check or money order payable to Washington State Treasurer and mail application and any applicable fees to: AL TSA Budget and Finance Unit, PO Box 45600, Olympia, WA 98504-5600. Please overnight to 4500 10<sup>th</sup> Ave. SE, Lacey WA 98503, to expedite payment.</p> <p>Please be sure to write the Assisted Living Facility license number on your check as well as the reason for the payment. Remember, the capacity increase <b>is not in effect until you receive a revised license and letter</b> from the department verifying that the capacity increase is approved.</p> <p>If you are requesting a capacity <u>decrease</u>, scan this form to <a href="mailto:RCSBOA@dshs.wa.gov">RCSBOA@dshs.wa.gov</a> (no fee required).</p>			
<p>INDICATE TYPE OF CHANGE</p> <p>Capacity <b>INCREASE</b> of _____ beds.</p> <p>Capacity <b>DECREASE</b> of _____ beds.</p> <p>TOTAL beds to be licensed: _____</p>			
<p><b>INDICATE ROOM LOCATION(S)</b></p> <p>Please mark the applicable box and provide documentation as indicated.</p> <p><input type="checkbox"/> This is not required if a <u>new</u> facility license has been issued within the last six months due to construction approved by the Department of Health, Construction Review Services.</p> <p><input type="checkbox"/> This is a currently licensed facility which is required to provide the facility's updated room list that identifies which beds / rooms are licensed.*</p> <p><input type="checkbox"/> This request is for "standby" beds / rooms, write anywhere on the updated room list the number of beds / rooms applicable.</p> <p><b>* Note: So as not to delay your request, this information, plus any required fees, must be received before your request can be processed.</b></p>			
<p>Please type or print clearly. Answer all questions and follow all instructions. It is the responsibility of the licensee to submit a complete application. <b>Refer to WAC 388-78A-2800, 2810, and 2880.</b></p> <p>Direct questions regarding this application to <b>360-725-3700</b>. This form may be photocopied.</p>			
SIGNATURE			DATE

For AL TSA Fiscal Use Only	For AL TSA / REC Use Only