



# Adult Family Home Information Changes

|                |
|----------------|
| FACILITY NAME  |
| LICENSE NUMBER |

**Did Facility Information change?**  Yes  No **If yes, complete applicable change(s) below.**

NEW FACILITY NAME (ATTACH COPY OF WASHINGTON (WA) BUSINESS LICENSE SHOWING REGISTERED TRADE NAME)

|                                  |  |                                    |          |
|----------------------------------|--|------------------------------------|----------|
| MAILING ADDRESS                  | CITY                                     | STATE                              | ZIP CODE |
| FACILITY NUMBER (WITH AREA CODE) | CONFIDENTIAL FAX NUMBER (WITH AREA CODE) | CELL PHONE NUMBER (WITH AREA CODE) |          |
| EMAIL ADDRESS                    | WEBSITE                                  |                                    |          |

**Did Entity Information change?**  Yes  No **If yes, complete applicable change(s) below.**

NEW LEGAL ENTITY NAME (ATTACH COPY OF WA BUSINESS LICENSE AND INTERNAL REVENUE SERVICE EIN VERIFICATION DOCUMENTATION)

|                               |                             |                                    |          |
|-------------------------------|-----------------------------|------------------------------------|----------|
| MAILING ADDRESS               | CITY                        | STATE                              | ZIP CODE |
| PHONE NUMBER (WITH AREA CODE) | FAX NUMBER (WITH AREA CODE) | CELL PHONE NUMBER (WITH AREA CODE) |          |

**Did Specialty Designations change?**  Yes  No **If yes, complete applicable change(s) below.**

|                                 | ADDED                    | ENDED                    | CHANGE<br>ER / RM        |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Dementia.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental Disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Did Resident Manager change?**  Yes  No **If yes, all information in this section is required.**

New Resident Manager meets qualifications in Chapter 388-76 WAC.

|                                |                     |               |            |
|--------------------------------|---------------------|---------------|------------|
| OUTGOING RESIDENT MANAGER NAME | END DATE            |               |            |
| INCOMING RESIDENT MANAGER NAME | SOCIAL SECURITY NO. | DATE OF BIRTH | START DATE |

**Did Entity Representative change?**  Yes  No **If yes, all information in this section is required.**

New Entity Representative meets qualifications in Chapter 388-76 WAC.

|                                     |                     |               |            |
|-------------------------------------|---------------------|---------------|------------|
| OUTGOING ENTITY REPRESENTATIVE NAME | END DATE            |               |            |
| INCOMING ENTITY REPRESENTATIVE NAME | SOCIAL SECURITY NO. | DATE OF BIRTH | START DATE |

**Signature of Licensee**

**Form submitted without signature will not be processed.**

|   |                       |      |
|---|-----------------------|------|
| <b>I attest that all above changes are true and accurate.<br/>Forms without a signature will be rejected.</b> | SIGNATURE OF LICENSEE | DATE |
|---|-----------------------|------|

Please email completed Adult Family Home Information Changes form to [RCSBOA@dshs.wa.gov](mailto:RCSBOA@dshs.wa.gov).

| BOA Use Only   |  |                           |              |
|--|--|---------------------------|--------------|
| <input type="checkbox"/> FMS   | CURRENT ER<br><input type="checkbox"/> Yes <input type="checkbox"/> No | ENTERED BY:               | DATE ENTERED |
| New license required (street address or specialties updated)? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | DATE LICENSE MAILED       |              |
| Contracts notified of changes (facility name or address)? <input type="checkbox"/> Yes <input type="checkbox"/> No     |  | DATE CONTRACTS NOTIFIED   |              |
| <input type="checkbox"/> Not processed; returned to <b>Licensee</b> .  |  | DATE RETURNED TO LICENSEE |              |