



# Nursing Home Information Changes

FACILITY NAME	
LICENSE NUMBER	CMS FEDERAL NUMBER

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

NEW FACILITY NAME (ATTACH COPY OF WASHINGTON (WA) BUSINESS LICENSING SHOWING REGISTERED TRADE NAME)			
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY NUMBER (WITH AREA CODE)	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 Administrator change?**  Yes  No **If yes, all information below is required.**

New Administrator meets qualifications in Chapter 388-97 WAC.

OUTGOING ADMINISTRATOR NAME	END DATE	LICENSE NUMBER	LICENSE EXPIRATION DATE
INCOMING ADMINISTRATOR NAME	START DATE	LICENSE NUMBER	LICENSE EXPIRATION DATE
SOCIAL SECURITY NO.	DATE OF BIRTH		

**Did DNS change?**  Yes  No **If yes, all information below is required.**

New DNS meets qualifications in Chapter 388-97 WAC.

OUTGOING DNS NAME	END DATE	LICENSE NUMBER	LICENSE EXPIRATION DATE
INCOMING DNS NAME	START DATE	LICENSE NUMBER	LICENSE EXPIRATION DATE

**Signature of Licensee**

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

<b>I attest that all above changes are true and accurate. Forms without a signature will be rejected.</b>	SIGNATURE OF LICENSEE	DATE
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Please email completed form to [RCSBOA@dshs.wa.gov](mailto:RCSBOA@dshs.wa.gov).

**BOA Use Only**

ENTERED BY:	DATE ENTERED
<input type="checkbox"/> FMS	
New license required (facility name change)? <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
<b>ASPEN Use Only</b>	
<input type="checkbox"/> ASPEN	ENTERED BY: _____ DATE ENTERED _____