



ICF / IID Information Changes

FACILITY NAME
LICENSE NUMBER
CMS FEDERAL NUMBER

Did facility information change? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete applicable change(s) below.	
NEW FACILITY NAME (ATTACH LETTER FROM LICENSEE AND COPY OF 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 Administrator change? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, all information below is required.	
OUTGOING ADMINISTRATOR NAME	END DATE		
INCOMING ADMINISTRATOR NAME	START DATE		
Did DNS change? <input type="checkbox"/> Yes <input type="checkbox"/> No (RHC Required)		If yes, all information below is required.	
<input type="checkbox"/> 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.			
I attest that all above changes are true and accurate. Forms without a signature will be rejected.	SIGNATURE OF LICENSEE		DATE
Please email completed form to RCSBOA@dshs.wa.gov .			
BOA Use Only			
<input type="checkbox"/> FMS	ENTERED BY:	DATE ENTERED	
<input type="checkbox"/> Change form emailed to RCS Staff			DATE FORM EMAILED
<input type="checkbox"/> Not processed; returned to Service Provider			DATE RETURNED TO LICENSEE