



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Disability Services • Aging and Long-Term Services Administration
PO Box 45600, Olympia WA 98504-5000

Date

Sent Via Email:

Date

Applicant's Name
Mailing Address

RE: Adult Family Home Name

Dear Applicant:

This letter confirms that the Department of Social and Health Services (DSHS) scheduled an initial licensing inspection with you on **Date** at approximately **Time with AM or PM**. Any documents still missing from your application file are marked with an "X" on Page 2 of this letter and need to be emailed to your assigned Licensor.

You are entitled to a brief video pre-inspection call with your assigned Licensor prior to your scheduled inspection date. Please communicate your desire to have this call if it is something you are interested in.

As discussed, I have emailed a preparation checklist for the initial inspection. You may also see a slideshow detailing the AFH initial inspection process here [PowerPoint Presentation \(wa.gov\)](#).

You must:

- Be sure you meet the licensing requirements; and
- Be sure that any construction work including painting, laying carpet(s) or tile, or other work is complete before the schedule inspection; and
- Contact this office before the scheduled inspection, if you feel you are not ready for the inspection. The assigned licensor will work with you to identify a new inspection date.

DSHS Licensor **Licensor's Name** will not begin an inspection if you are not ready at the scheduled time.

You must be licensed before **Date**, 12 months from the date with DSHS received your application or your file or your file will be closed, and the application voided. After that date, you will need to retake the department's orientation class and reapply, if you wish to become licensed as an adult family home.

If you have any questions:

Please contact **Name** at **Licensor's Name**.

cc: Application File
Name, Licensor

You are required to submit the following documents if checked.

- Operational Plan** [WAC 388-76-10035](#) Required for al multiple home providers.
- Floor Plan**
- Parking Plan** [WAC 388-76-10035](#) Required for al multiple home providers.
- Staffing Plan** [WAC 388-76-10035](#) Required for al multiple home providers.
- Septic System** Documentation from local health authority stating the system has been inspected and approved for use in an Adult Family Home (AFH). Specific information on how many people the system can accommodate.
- Public Sewer** Current bill showing no past due balance.
- Well Water** Documentation from local health authority showing the well water has been approved as Group B and is safe for use in AFH.
- Public Water** Current bill showing no past due balance.

ADDITIONAL

Please submit the following documentation for the roles checked.

	<u>APPLICANT</u>	<u>RESIDENT MANAGER</u>	<u>ENTITY REPRESENTATIVE</u>
CPR.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Handlers Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Aide Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter verifying each has worked as Long-Term Care worker from January 1, 2011 to January 6, 2012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Inquiry / Fingerprint Check ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Training (must have for ER and RM):			
• Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ BGI / Fingerprint check MUST be completed before a license can be issues.

Email: **Assigned Licensor's Name** at **Email Address**

Initial Licensor: **Name**

Residential Care Services