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|   | **ICF / IIDInformation 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 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? [ ]  Yes [ ]  No If yes, all information below is required.** |
| OUTGOING ADMINISTRATOR NAME | END DATE |
| INCOMING ADMINISTRATOR NAME | START DATE |
| **Did DNS change? [ ]  Yes [ ]  No (RHC Required) 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.** |
| **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** |
|  ENTERED BY: DATE ENTERED[ ]  FMS  |
|  DATE FORM EMAILED[ ]  Change form emailed to RCS Staff  |
|  DATE RETURNED TO LICENSEE[ ]  Not processed; returned to Service Provider  |