

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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

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| **Date**  *Sent via email* | |
| **Applicant's Name**  **Mailing Address** | RE: **Adult Family Home's Name** |
| Dear **Mr. / Ms. Applicant's Last Name**,  The Department’s Residential Inspection and Quality Assurance Program:   * Received your Adult Family Home (AFH) license application on **Date**; and * Contacted you via email to discuss and schedule your onsite initial licensing inspection; and * Sent a confirmation letter via email on **Date** confirming the licensing inspection scheduled for **Date** at approximately **Time**.   On the scheduled date and time, Licensor **Name** arrived and found no one at home. On **Date** we sent a letter notifying you about the missed inspection.  **The Department will not contact you to schedule another inspection.**  **You must:**   * Notify this office in writing to ask for another inspection; and * Be ready for the schedule inspection.   Send written notice to:  **Name**  **Email Address**  **The Department:**   * Will schedule only two additional inspections to verify you meet the State licensing requirements after your written request; and * May deny your license application if you still do not meet the AFH licensing requirements.   **You must not:**   * Operate as an AFH until you have a license; or * Admit more than one resident until you have a license.   **You must:**   * Be licensed on or before **Date**, twelve (12) months from the date the Department first received you application; or * Notify this office in writing if you feel your cannot become ready for an inspection and/or complete the licensing process within the timeframes, or if you no longer want an AFH license.   **After the “12 Month Date:”**   * The Department will void your application and close your file; and * If you wish to become licensed as an AFH, you will have to reapply to the Department’s Business Application and Analysis Unit (BAAU). | |
| **Please Note:**   * Scheduling another initial licensing inspection visit can take up to four (4) weeks after we receive your written request. You must allow time to schedule the inspection and meet the minimum licensing requirements. * Failure to contact the Department at least 60 days prior to your “12 Month Date” to discuss scheduling your initial licensing inspection visit may result in not having enough time to complete the licensing process. **The Department may void your application and close your file.**   **If you have any questions:**  Please **Name** contact at **Phone Number (include area code)**.  cc: Application File  **Name**, Licensor | |