



Adult Family Home License Web Application

Version 1.7

April 2025

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Adult Family Home Application Documents

Supporting Documentation		
Document Name	Required	Roles
Internal Revenue Service (IRS) - EIN Assignment Letter (To obtain an EIN contact the IRS at 1-800-829-4933)	Required	
Master Business license		
Secretary of State Document		
Property Owner(s) Written Statement	Required if property owner not listed as other role in AFH Organization	Property Owner
Proof of Education - WAC-388-76-10130(2)	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Government Issued Identification	Required	Sole Proprietor, Co-Applicant, Entity Representative
Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)		Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Adult Family Home Administrator Training Certificate	Required	Sole Proprietor, Co-Applicant, Entity Representative
First Aid/CPR Certificate(s) – This course must be taken in person per WAC 388-112A-0710	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Washington State Food Worker Card	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Home Care Aide Certification or Proof of Exemption per WAC 246-980-025	Required	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Dementia Specialty Training	Required if providing support for dementia	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Mental Health Specialty Training	Required if providing support for mental health	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Developmental Disability Training	Required if providing support for developmental disabilities	Sole Proprietor, Co-Applicant, Entity Representative, Resident Manager
Background Check Authorization (DSHS 09-653)	Required	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Non-Resident Living In Home, Spouse or domestic partner of an entity representative with an ownership interest in the business
DSHS Fingerprint Results	May be provided after submitting application - Required for final license approval	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Spouse or domestic partner of an entity representative with an ownership interest in the business
Consent to Release and/or Use Confidential Information (DSHS 27-222)	Required	Sole Proprietor, Co-Applicant, Spouse or domestic partner of sole proprietor, Entity Representative, Resident Manager, Affiliated Individual, Caregiver Living in Home, Non-Resident Living In Home, representative with an ownership interest in the business
Adult Family Home Building Inspection Checklist	Required for Initial and Relocation Applications	
Adult Family Home Floor Plan	Required	
Adult Family Home Policies and Procedures Attestation (DSHS 27-223)	Required	
Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)	Only required if the Adult Family Home will use a management company	
Adult Family Home Disclosure of Services (DSHS 10-508)	Required	
Adult Family Home License Relinquishment Letter (DSHS 10-412)	Required if Change of Ownership Application	
60-Day Change of Owner Notice to residents – WAC 388-76-10106	Required if Change of Ownership Application	
30-Day Notice to residents – WAC 388-76-10110	Required if Relocation Application	

Things to Remember When Completing the Application

1. When completing fields, do not use the &, =, +, or # symbols. Replace them with the following and make sure to include the parentheses:

(and)
(equals)
(plus)
(number sign)

2. Do not use any symbols when naming supporting documentation.



3. Only file types of JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded for supporting documentation.
4. After the document is uploaded, the application will rename the filename to match the document type and add a number value at the end. If there is more than one document for the same file type, that number value will increase

For example, if the applicant uploads the Abuse Neglect Policy document and their filename is #Abuse123.pdf or even Abuse.pdf, the file name will be renamed to AbuseNeglectPolicy1.pdf.

If there are additional documents being uploading for that same document type, the number at the end of the filename will increase. For example, AbuseNeglectPolicy1.pdf, AbuseNeglectPolicy2.pdf, AbuseNeglectPolicy3.pdf, etc.

5. The current page must be completed and saved before the next page can be started.
6. A required field not completed will become red with a message.

Zip Code

The Zip Code field is required.

7. For technical support only with the web application, click on the HelpDesk email in the side menu and include the following in the email.

- a. The application type.
- b. The facility application ID.
- c. The page being worked on.
- d. The error that was received.

HelpDesk:
BAAUWebAppSupport@dshs.wa.gov

BAAU Web App Support will work with the applicant through email. BAAU Web App Support hours are Monday through Friday from 8am to 5pm. They are not available on weekends or State Holidays.

8. For non-technical application questions, contact BAAU at BAAU@dshs.wa.gov

9. Important information in the manual will be indicated by a 

Chapter 1: Creating a SAW Account and Logging In to the Application

Welcome to the Department of Social & Health Services (DSHS) Adult Family Home License Web Application. To complete the application, a Secure Access Washington (SAW) account must be created. If the applicant already has a SAW account, go to [section B](#) in this chapter.

Creating a new SAW Account

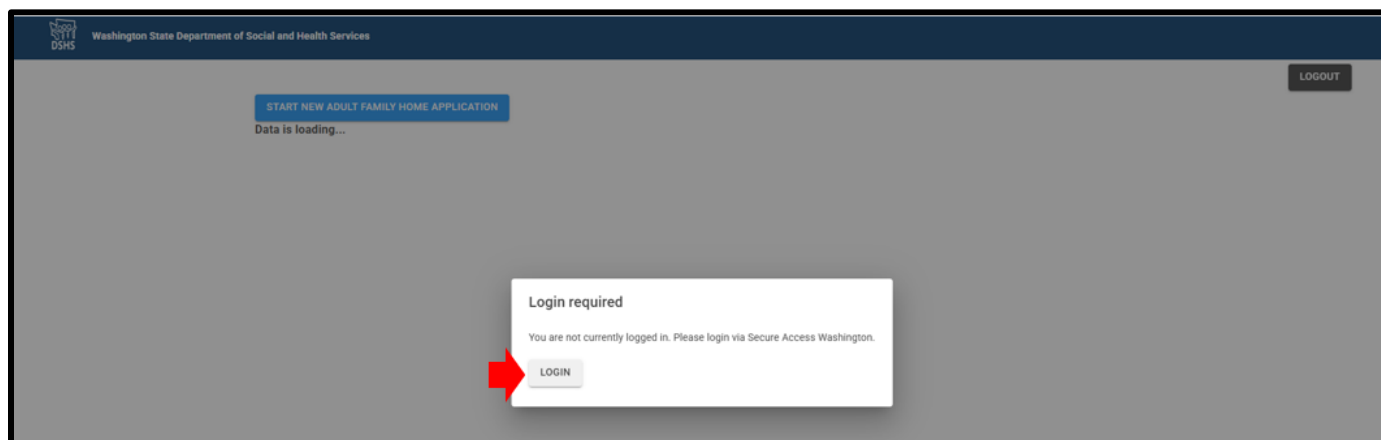


When creating the SAW account, remember the SAW username and password. They will be used every time when logging into the application. Do not create a new username and password if one already exists and do not create additional ones after submitting the application.

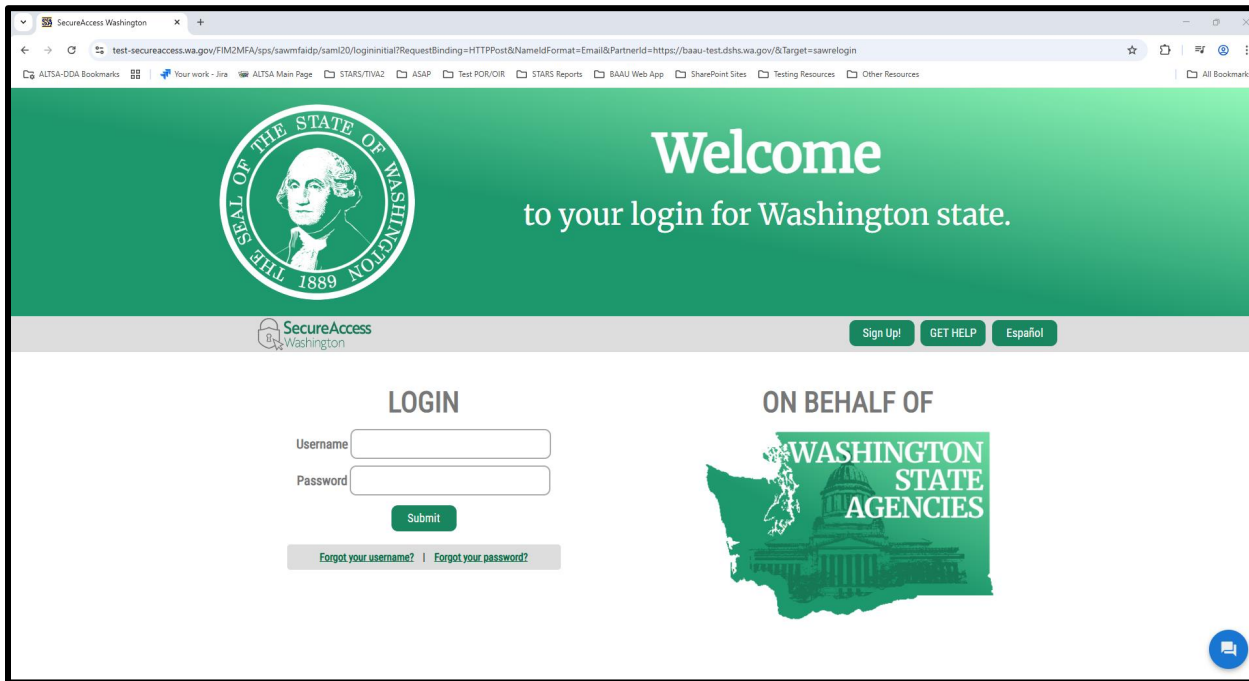
1. Go to the AL TSA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.
2. Under the Green House icon, click on *AFH Online License Application*.



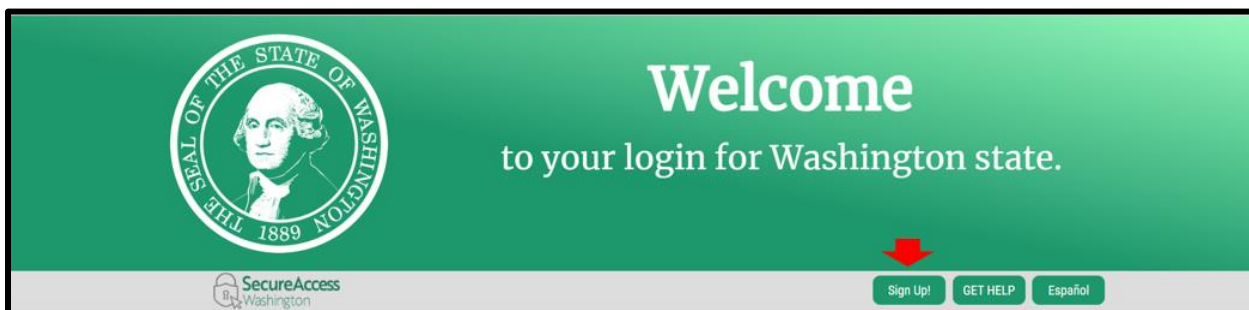
3. The *Login required* page appears. Click on the *Login* button.



4. The applicant is taken to Secure Access Washington (SAW).



5. Click on *Sign Up!*



6. Complete the *Sign Up for An Account* page.

Sign Up! x

Sign Up For An Account [Español](#)

Fill in the following form to sign up for an account. If you are not sure if you already have an account, [check here](#).

Personal Information

First Name

Last Name

Primary Email

Contact Information For Security (Optional)

Provide additional contact information to receive security codes and reduce the chance of losing access to your account. You can add or edit additional contact information later in your S&W account settings.

Additional Email Address (Optional)

Mobile Phone Number (Optional)

Message and data rates may apply. A message will only be sent when you request it. For more information view our [Mobile Terms of Service](#) or [Privacy Policy](#).

Username and Password

Username

Password Requirements

Add at least 10 more characters

Add a special character or a lower case letter or an uppercase letter or a number

Password

Confirm Password

☐ I'm not a robot 

[Privacy Policy](#) [Create my account](#)

7. An email will be sent to validate the email address.

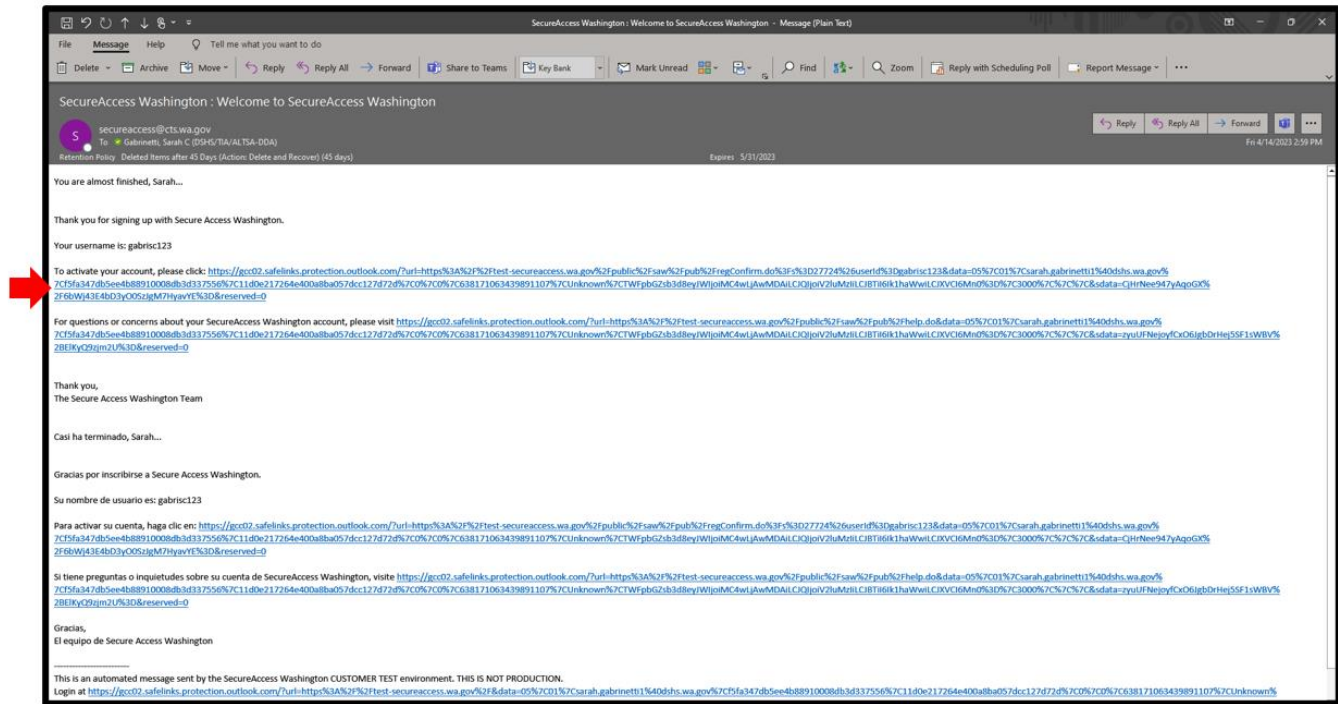
Sign Up! x

[Español](#)

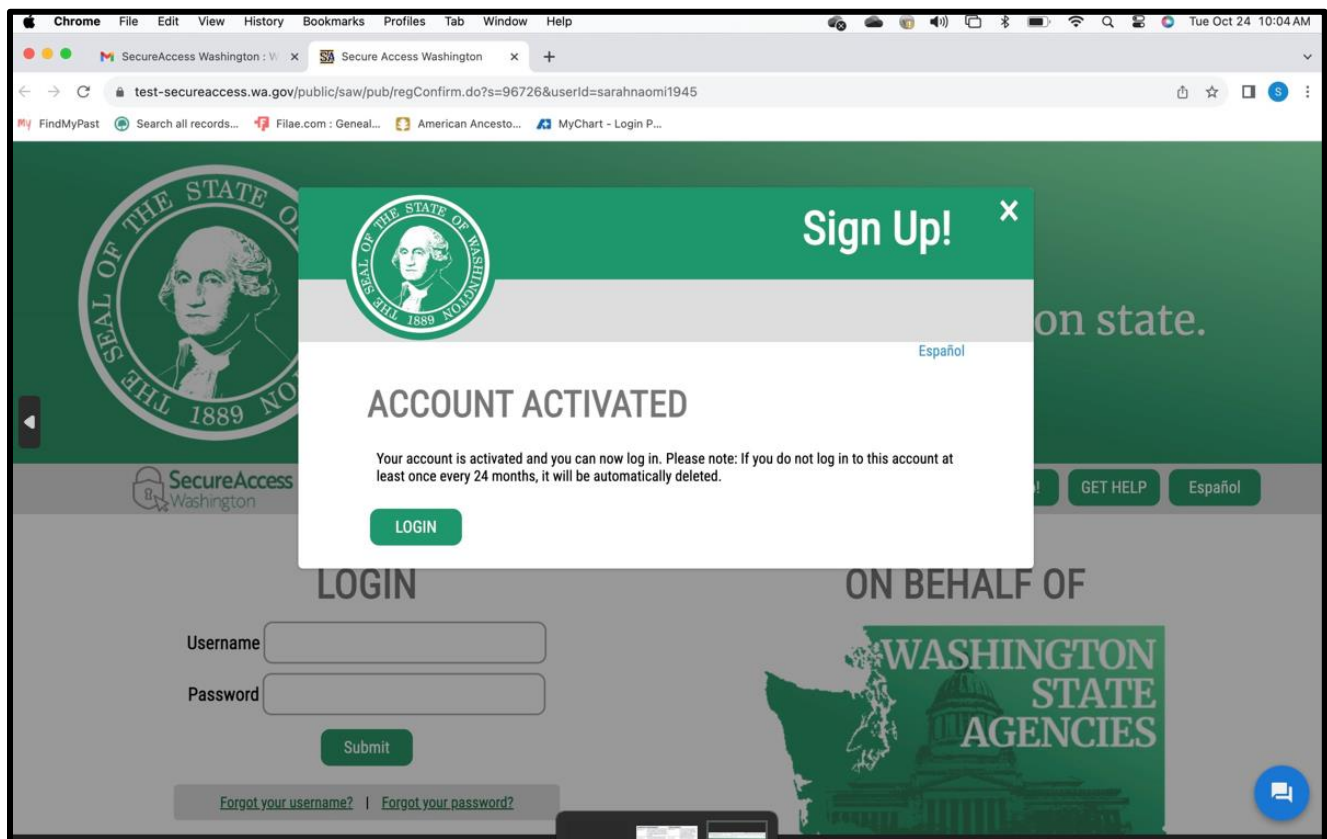
CHECK YOUR EMAIL

An activation link has been sent to your email. You must click the link to activate your account before you can login.

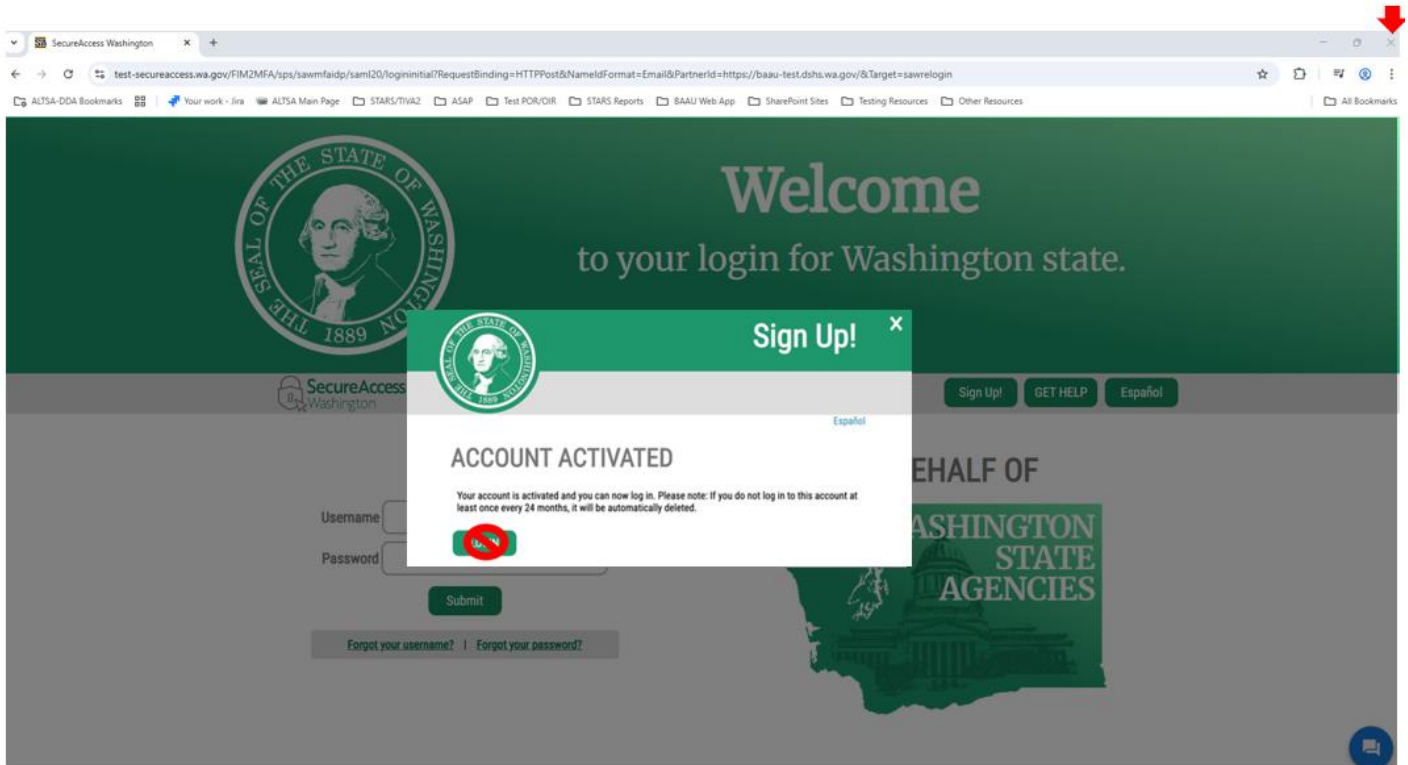
8. Click the link in the email.



9. The SAW Login page appears with a message that the account is activated.



10. Close the web browser. Do not click on Login.

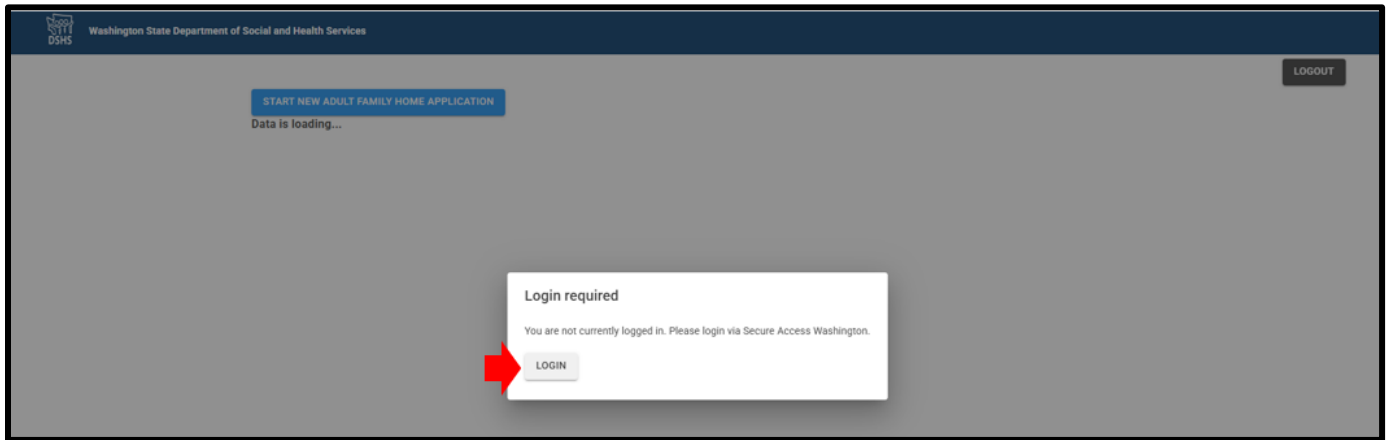


Loggin into the Web Application

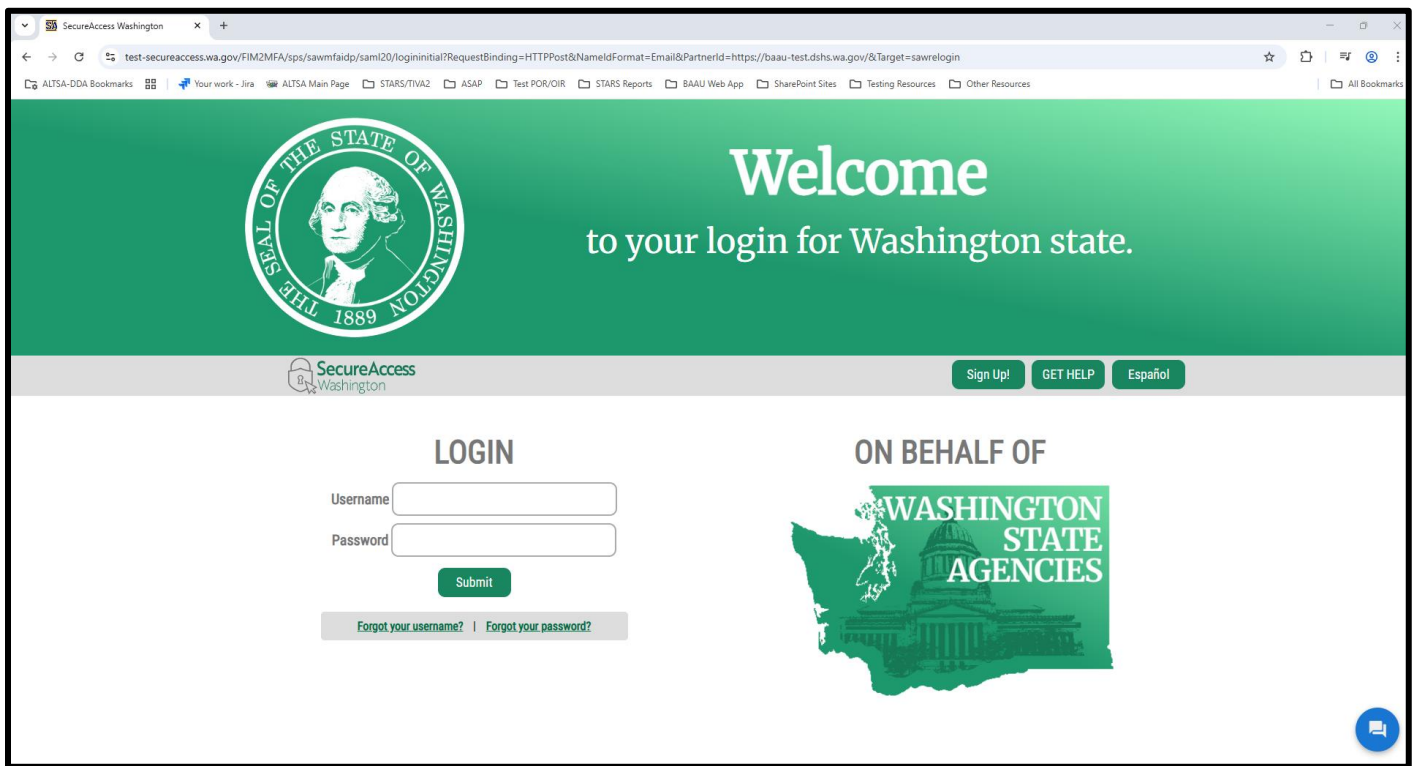
1. To log into the web application, go to the ALTSA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.
2. Under the Green House icon, click on *AFH Online License Application*.



3. The *Login required* page appears. Click on the *Login* button.



4. The applicant is taken to Secure Access Washington (SAW).



5. Enter the SAW username and password just created or already had. Click on the *Submit* button.

SecureAccess Washington

test-secureaccess.wa.gov/fim2MFA/sps/sawmfa/p/saml20/logininitial?RequestBinding=HTTPPost&NameIdFormat=Email&PartnerId=https://baau-test.dshs.wa.gov/&Target=sawrelogin

ALISA-DDA Bookmarks | Your work - Jira | ALISA Main Page | STARS/TIVA2 | ASAP | Test POR/OIR | STARS Reports | BAAU Web App | SharePoint Sites | Testing Resources | Other Resources | All Bookmarks

Welcome
to your login for Washington state.

SecureAccess Washington

Sign Up! GET HELP Español

LOGIN

Username

Password

Submit

Forgot your username? | Forgot your password?

ON BEHALF OF
WASHINGTON STATE AGENCIES

6. Choose a Multi-Factor Authentication method.

SecureAccess Washington

test-secureaccess.wa.gov/mga/authsvc?TransactionId=07fe1eda-7db2-4e88-aa87-77115c95cd3

ALISA-DDA Bookmarks | Your work - Jira | ALISA Main Page | STARS/TIVA2 | ASAP | Test POR/OIR | STARS Reports | BAAU Web App | SharePoint Sites | Testing Resources | Other Resources | All Bookmarks

1889

SecureAccess Washington

Help Español

1 2 3 4
Choose Method Enter Code Remember Device Access Service

Multi-Factor Authentication (MFA)

This service requires additional verification beyond username and password to prevent fraud and identity theft. You will need to enter a verification code.

Choose Method

How would you like to receive your verification code?

☐ Enter verification code from Google Authenticator App
Open your authenticator app to display a code. Enter that code on the next screen.

☐ ***t1@dshs.wa.gov
Receive the code in an email and enter it on the next screen.

☐ ***-1047
Receive the code in a text message and enter it on the next screen.

7. Enter the code after receiving it.

The screenshot shows the 'Enter Code' step of the MFA process. At the top, a progress bar has four steps: 1. Choose Method, 2. Enter Code (highlighted), 3. Remember Device, and 4. Access Service. Below the progress bar, the title 'Multi-Factor Authentication (MFA)' is displayed. Underneath, the heading 'Enter Code' is shown. A message reads: 'Please enter the code sent to (**) ***-1047'. Below this, there is a text input field with the number '7224-' on the left and '377389' entered in the field. To the right of the input field is a green 'Submit' button. At the bottom left, there are two links: 'Resend Code' and 'Choose another method'.

8. Click *Submit*.

This is a close-up of the 'Enter Code' step. It shows the text input field containing '377389' and the green 'Submit' button. A red arrow points directly to the 'Submit' button. The text 'Please enter the code sent to (**) ***-1047' is visible above the input field.

9. Check the checkbox to remember the device and click on *Submit*.

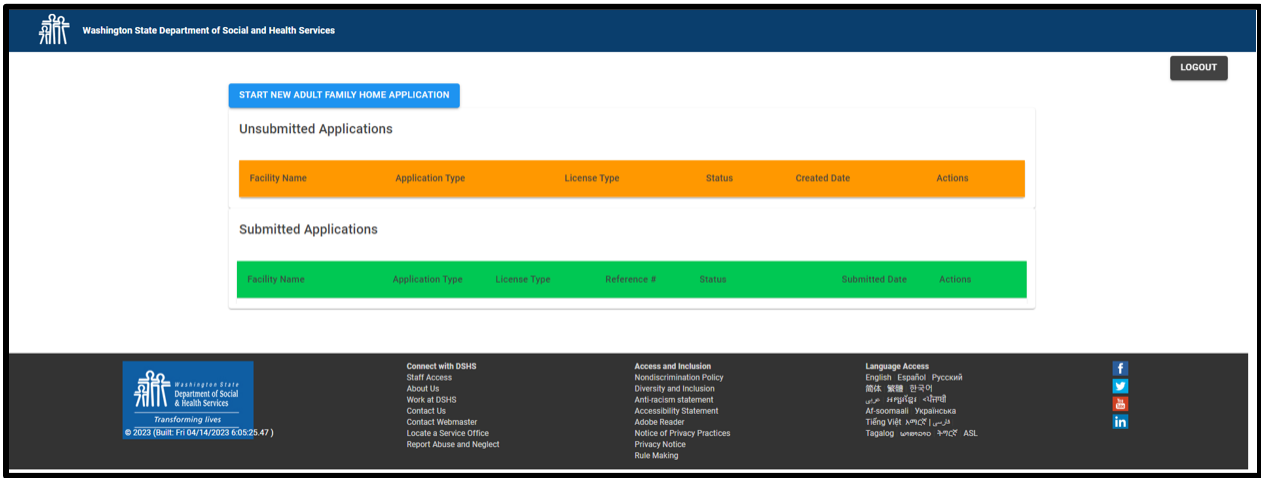
The screenshot shows the 'Remember Device' step of the MFA process. At the top, a green banner features the Seal of the State of Washington on the left and the text 'SAFETY FIRST! This service requires MFA.' on the right. Below the banner, the 'SecureAccess Washington' logo is on the left, and 'Help' and 'Español' buttons are on the right. A progress bar at the top has four steps: 1. Choose Method, 2. Enter Code, 3. Remember Device (highlighted), and 4. Access Service. Below the progress bar, the title 'Multi-Factor Authentication (MFA)' is displayed. Underneath, the heading 'Remember Device?' is shown. A message reads: 'Choose to remember this device to reduce how often you are required to enter a verification code.' Below this, a note states: 'If the device you are using is shared or public, we recommend you do not remember this device.' At the bottom, there is a checkbox labeled 'Yes, remember my device' which is checked. To the right of the checkbox is a green 'Submit' button. A red arrow points to the 'Submit' button.

10. The SAW website will redirect back to the Hoem page of the application.

Chapter 2: Home Page

The *Home* page is where the application will be displayed.

It includes the *Start New Adult Family Home Application* button, *Logout* button, *Unsubmitted Applications* section, and *Submitted Applications* section.



Start New Adult Family Home Application Button

1. The *Start New Adult Family Home Application* button will be discussed more in the [Starting the Application](#) chapter.



Logout Button

1. The *Logout* button logs the applicant out of the application. It can be seen throughout the application in the upper right-hand corner of the screen..

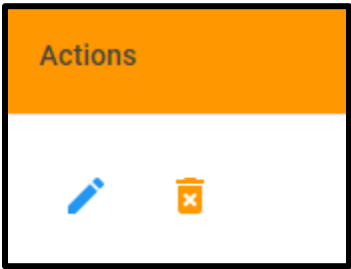


Unsubmitted Applications Section

1. This section shows applications in *Pending submittal* status or *Returned for Edit* status. The facility application ID is located under the facility name.

Unsubmitted Applications					
Facility Name (id)	Application Type	License Type	Status	Created Date	Actions
Test Application AFH (01HX7VRAX872T9V9SVF5CRF9EX)	Initial	Adult family home	Pending submittal	5/6/2024	 
Test Application AFH 2 (01JAR2SONF809AM04DQ6W2KG75)	Initial	Adult family home	Returned For Edit	10/21/2024	 

2. The *Actions* column is where the applicant can edit the application (pencil icon) or delete the application permanently (trash can icon) before it is submitted.

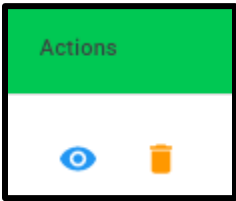


Submitted Applications Section

1. Applications that have been submitted to the department or withdrawn after submission will be in the *Submitted Applications* section. These applications will either be in *Submitted to department* or *Withdrawn after submission* status.

Submitted Applications						
Facility Name (Id)	Application Type	License Type	Reference #	Status	Submitted Date	Actions
test (01HV6WH1M9FH7PTGAKTHWRKW8Y)	Initial	Adult family home	RTQVR07ABG	Submitted to department	4/11/2024	 
test (01JR920C8EVRJ3E95VNGTSWWE)	Initial	Adult family home	SV8E3Z1JT3	Withdrawn after submission	4/7/2025	

2. The *Action* column is where the application can either be viewed (eyeball icon) or withdrawn (trash can icon).



Chapter 3: Starting the Application Process

Start New Adult Family Home Application Button

1. To start the application process, click on the *Start New Adult Family Home Application* button on the *Home* page. This does not create the application yet.

START NEW ADULT FAMILY HOME APPLICATION

Cancel Button

1. To cancel the application and go back to the *Home* page if it has not been created yet, click on the *Cancel* button.

CANCEL APPLICATION

Application Screening Questions

1. After clicking the *Start New Adult Family Home Application* button, the applicant will need to answer some screening questions. Answer the questions correctly, they cannot be changed after the application is created.



If the application has not been submitted to the department yet, the application will need to be deleted and started over to change the answers.

If the application has been submitted or returned, contact BAAU and provide them with the answers. They will contact the BAAU Web App Support team.

DSHS Employment Questions

1. If anyone in the household is a DSHS/ALTSA employee or DSHS employee that processes payments regarding placement of residents in adult family homes, they will not be able to apply.

The screenshot shows a web application interface for starting a new adult family home application. At the top, there is a green button labeled "CANCEL APPLICATION". Below it, there are three screening questions, each with "Yes" and "No" radio button options:

- Question 1: "Are you or any household member currently employed by the Department of Social and Health Services (DSHS)?" with "Yes" selected.
- Question 2: "Are you or any household member currently employed by Aging and Long-Term Support Administration (ALTSA)?" with "Yes" selected.
- Question 3: "Does the DSHS employment involve authorizing payments or involve placement for any resident's care and services in an Adult Family Home?" with "Yes" selected.

A modal window is displayed in the foreground with the title "WAC 388-76-10045 (1)". The text inside the modal reads: "ALTSA employees and household members of an ALTSA employee may not be issued an Adult Family Home license. DSHS employees involved in authorizing payments or involved in the placement of residents in Adult Family Homes are also excluded from being issued an Adult Family Home license. WAC 388-76-10045". There is an "OK" button in the bottom right corner of the modal. In the background, a sidebar menu is partially visible with links like "Connect", "Staff Ad", "About U", "Work at", "Contact", "Contact", "Locate a", and "Report A". At the bottom of the sidebar, it says "Rule Making".

2. Click OK.

WAC 388-76-10045 (1)

ALTSA employees and household members of an ALTSA employee may not be issued an Adult Family Home license. DSHS employees involved in authorizing payments or involved in the placement of residents in Adult Family Homes are also excluded from being issued an Adult Family Home license.
WAC 388-76-10045



3. Click *Cancel Application*.

CANCEL APPLICATION

Additional Screen Questions

1. If no one in the household works for DSHS or they work for DSHS but do not work for ALTSA or processes payments regarding placement of residents in adult family homes, they will be able to apply.
2. Complete the two additional prerequisite questions that appear:
 - a. Adult Family Home Administrator training
 - b. Passed the Building Inspection Checklist

Have you completed your Adult Family Home Administrator training?
☐ Yes ☐ No

Have you received a "passing" Building Inspection checklist?
☐ Yes ☐ No

3. Complete any acknowledgement messages that appear based on the answer selected.

Adult Family Home Administrator Training Acknowledgement Message(s)

Have you completed your Adult Family Home Administrator training?
☐ Yes ☒ No

Have you received a "passing" Building Inspection checklist?
☐ Yes ☐ No

Acknowledgement

You are required to complete an Adult Family Home Administrator Training and provide a copy of your certificate of completion in order to submit an Adult Family Home application for licensure. Please review [WAC 388-76-10064](#) and [WAC 388-112A-0820](#) and go to [AFH Administrator Training](#) to get more information around signing up for a class.

☒ Please click here to acknowledge you have read and understand this

OK

“Passing” Building Inspection Checklist Acknowledgement Message(s)

Have you received a completed and "PASSED" Building Inspection checklist?

☒ Yes ☐ No

Application Type

Acknowledgement

Make sure the local building official checks the appropriate boxes in each section, checks the box that indicates "PASSED", signs the checklist, and enter the date it was signed. This does not apply to a Change of Ownership application.

☒ Please click here to acknowledge you have read and understand this

Connect with Staff Account OK

Have you received a "passing" Building Inspection checklist?

☐ Yes ☒ No

Application Type

Acknowledgement

You are already required to have received a "PASSED" Building Inspection Checklist to submit an AFH Application. Please contact your local building inspector to ensure this is completed prior to submitting your application.

☒ Please click here to acknowledge you have read and understand this

OK

Application Type

1. After answering the prerequisite questions and the application can still be completed, select the *Application Type*.

Application Type

Initial

Change of Ownership

Relocation Only

Submit

2. Click *Create New Application*.

CREATE NEW APPLICATION

Chapter 4: Uploading Supporting Documents

1. Throughout the application, supporting documentation will be uploaded.
2. Only 10 uploads are allowed for each document type.

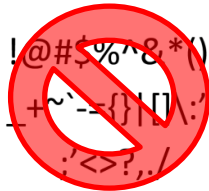
1 supporting documents attached of 10 maximum.

3. Not all documents are required to be uploaded to submit the application online.
 - a. If required, the message will be:
Supporting Document Required
 - b. If not required, the message will be:
Supporting Document
4. After the document is uploaded, the application will rename the filename to match the document type and add a number value at the end. If there is more than one document for the same file type, that number value will increase

For example, if the applicant uploads the Abuse Neglect Policy document and their filename is #Abuse123.pdf or even Abuse.pdf, the file name will be renamed to AbuseNeglectPolicy1.pdf.

If there are additional documents being uploading for that same document type, the number at the end of the filename will increase. For example, AbuseNeglectPolicy1.pdf, AbuseNeglectPolicy2.pdf, AbuseNeglectPolicy3.pdf, etc.

5. Remember to not use any symbols when naming the document.

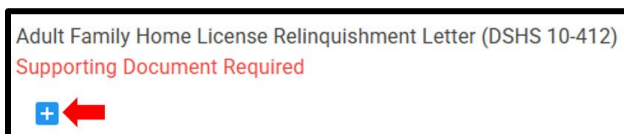


6. Only these file types are allowed:

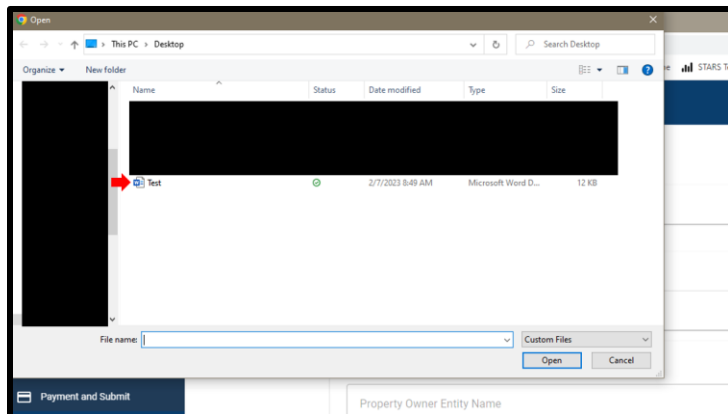
.jpeg .docx .pdf
.png .rtf
.gif .xls
.tiff .xlsx

Steps to Upload the Document

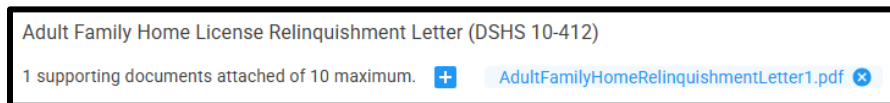
1. Save the document to the computer.
2. To upload the document, click on the “+” button.



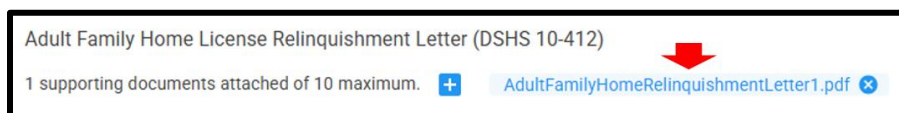
3. Locate the file and follow the computer prompts to upload it.



4. The file will upload to the page.



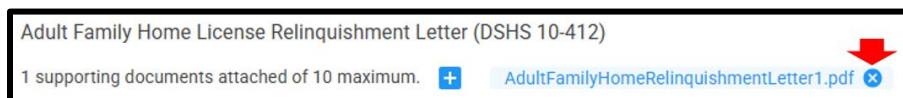
5. Click on the document name to view it.



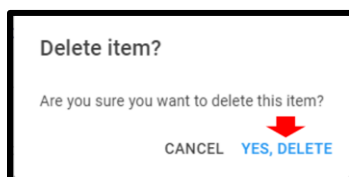
6. Click on the “+” button to upload more documents.



11. To delete the document, click on the “x”.



12. Click on *Yes, Delete* on the message that appears to delete the file.



Chapter 5: Side Menu and Applications Pages

The application includes a side menu and the following:

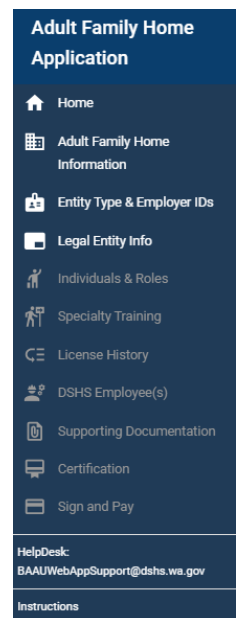
- Before you begin...
- Adult Family Home Information
- Entity Type & Employer IDs
- Legal Entity Info
- Individuals & Roles
- Specialty Training
- License History
- DSHS Employee(s)
- Supporting Documentation
- Certification
- Sign and Pay

A. Side Menu

1. The side menu include links to the *Home* page and the various pages of the application.
2. It includes a link to the BAAU Web App Support team for technical issues only.
3. It includes a link to the web application instruction's manual.
4. The next page of the application will be greyed out and not available until the page currently be worked on is completed and saved.
5. To get to the next page when it is available, click on the name of the page in the side menu.
6. Any page not greyed out can be edited at any time.



Complete and save the current page being worked on before going to the other page. The information will be lost if otherwise.



B. Before You Begin... Page

1. The *Before you begin...* page appears with information to help complete the application.

Attention: When completing the application fields, do not use the following symbols &, =, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.

Before you begin...
Prior to submitting an application for adult family home licensure, please ensure the following steps have been taken:

1. Register your business with the IRS, WA Secretary of State, and WA Department of Revenue.
2. Gather all supporting documentation required for your application type. See [link](#) for details.
3. Completed the [Building Inspection Checklist](#) and received a "Passed" inspection check from the Building Department for the jurisdiction the home is located in. (Excluding Change of Ownership application)
4. Complete the Adult Family Home administrator training - Certificate required. (applies to Sole Proprietor, Co-Applicant and Entity Representative)
5. Fill out the [Adult Family Home Caregiving Experience Attestation \(CEA\)](#) (applies to Sole Provider, Co-Applicant, Entity Representative and Resident Manager)
6. Fill out the following DSHS Forms:
 - a. [Consent to Release and/or Use Confidential Information](#)
 - b. [Adult Family Home Policies and Procedures Attestation](#)
 - c. [Adult Family Home Disclosure of Services](#)
 - d. [Adult Family Home License Relinquishment Letter](#) (only applies to Change of Ownership application)
 - e. [Adult Family Home Management Agreement: Attestation Information and Attachments \(DSHS 27-226\)](#) (only required if the Adult Family Home will use a management company)
7. All individuals listed on the application must provide a background check authorization with confirmation number from the [DSHS Background Check System](#). Certain individuals will also need a fingerprint notification form.
8. To add a co-applicant signature, see Chapter 5, Subsection M in the instructions manual: How to Sign when there is a Co-Applicant.

Please note:
All property owners not listed in the application must sign a written statement granting permission to use the property for an AFH. If the property owner is an entity, please include written statements from all individuals affiliated with that entity.
All governing individuals listed on the Department of Revenue business license and with the Secretary of State must match the information provided on the application.
All supporting documentation submitted must be up to date and certifications must be active.
If the application submitted is not complete or does not contain all required supporting documentation, the applicant will have 60 calendar days after the date of the initial request from BAAU to return all requested materials for a complete application per [WAC 388.76-10073](#).

2. The message at the top of the page will be seen throughout the entire application.

Attention: When completing the application fields, do not use the following symbols &, =, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.

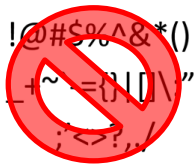


When completing fields, do not use them: &, =, +, or # symbols. Replace them with the following and make sure to include the parentheses:

(and)
(equals)
(plus)
(number sign)



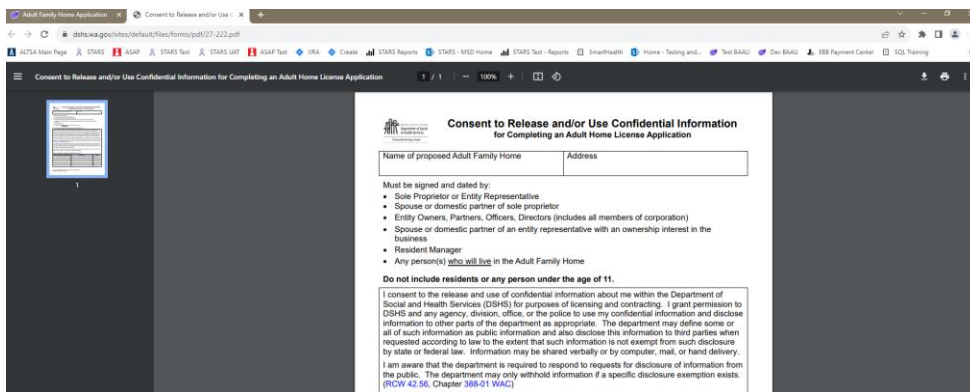
Do not use any symbols when naming supporting documentation.



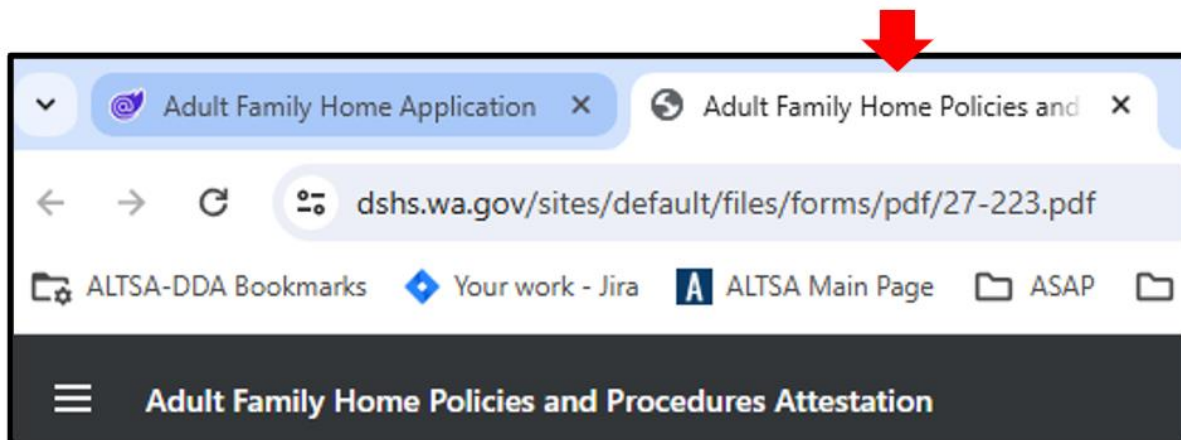
3. Words or phrases that are blue with a line are a link. Click on it to view the information.

- a. [Consent to Release and/or Use Confidential Information](#)
- b. [Adult Family Home Policies and Procedures Attestation](#)
- c. [Adult Family Home Disclosure of Services](#)
- d. [Adult Family Home License Relinquishment Letter](#) (only applies to Change of Ownership application)
- e. [Adult Family Home Management Agreement: Attestation Information and Attachments \(DSHS 27-226\)](#)

The link will either open in a new tab or download and open in the corresponding program. For example, a PDF will either open in a new tab or will download and open in Adobe.



If the link opens in a new tab, click the second tab to get back to the application.



4. To get back to the *Before you begin* page once it is left, click on *Home* in the side menu.



5. Once on the *Home* page, click on the pencil icon to open the pending application.

Unsubmitted Applications					
Facility Name (Id)	Application Type	License Type	Status	Created Date	Actions
Test Application AFH (01HX7VRAX872T9V9SVF5CRF9EX)	Initial	Adult family home	Pending submittal	5/6/2024	 

C. Adult Family Home Information Page

1. The *Adult Family Home Information* page is where the home information is entered.
2. To get to the page, click on *Adult Family Home Information* in the side menu.



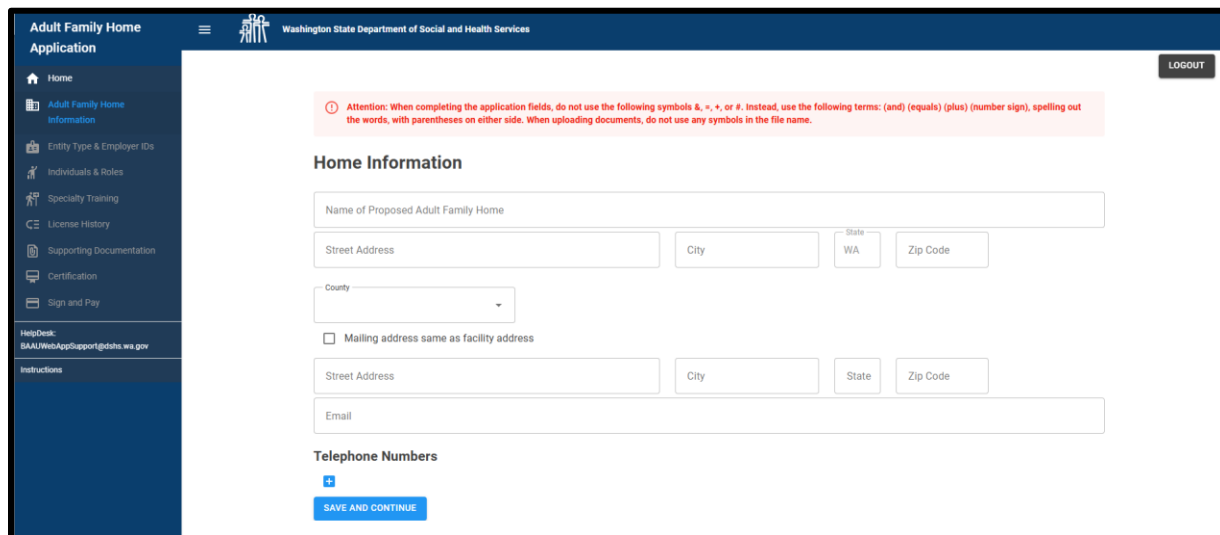
3. The information seen will depend upon the type of application being completed.



Remember, when completing fields, do not use the &, =, +, or # symbols. Replace them with the following and make sure to include the parentheses:

(and)
(equals)
(plus)
(number sign)

Initial Application Fields



Washington State Department of Social and Health Services

Logout

Attention: When completing the application fields, do not use the following symbols &, =, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.

Home Information

Name of Proposed Adult Family Home

Street Address City State WA Zip Code

County

☐ Mailing address same as facility address

Street Address City State Zip Code

Email

Telephone Numbers

Change of Ownership Application Fields

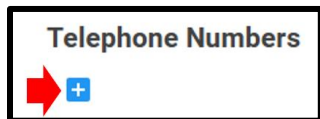
The screenshot shows the 'Adult Family Home Application' page for 'Change of Ownership'. The left sidebar contains navigation links: Home, Adult Family Home Information, Entity Type & Employer ID#, Individuals & Roles, Specialty Training, License History, DSHS Employee(s), Supporting Documentation, Certification, and Sign and Pay. The main content area has a red warning box at the top: 'Attention: When completing the application fields, do not use the following symbols &, <, >, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.' Below this is the 'Home Information' section with fields for 'Name of Proposed Adult Family Home', 'Street Address', 'City', 'State' (dropdown), and 'Zip Code'. There is a 'County' dropdown and a checkbox for 'Mailing address same as facility address'. Below that are fields for 'Street Address', 'City', 'State', and 'Zip Code', and an 'Email' field. The 'Telephone Numbers' section has a '+' button and two rows of fields for 'Adult Family Home License Relinquishment Letter (DSHS 10-412)' and 'Sixty-Day Change of Owner Notice to Residents (WAC 388-76-10106)', both marked as 'Supporting Document Required'. A 'SAVE AND CONTINUE' button is at the bottom.

Relocation Only Application Fields

The screenshot shows the 'Adult Family Home Application' page for 'Relocation Only'. The left sidebar is the same as the previous page. The main content area has the same red warning box. Below it is the 'Current Adult Family Home Information' section with fields for 'Current Adult Family Home Name', 'Current Adult Family Home License', 'Street Address', 'City', 'State' (dropdown), and 'Zip Code'. There is a 'County' dropdown and a checkbox for 'Mailing address same as facility address'. Below that are fields for 'Street Address', 'City', 'State', and 'Zip Code', and an 'Email' field. The 'Telephone Numbers' section has a '+' button and one row of fields for 'Thirty-Day Relocation Notice to Residents (WAC 388-76-10110)', marked as 'Supporting Document Required'. A 'SAVE AND CONTINUE' button is at the bottom.

Adding the Facility Phone Number

1. A facility phone number is required. To add it, click on the “+” button.



2. A row will appear.

Telephone Numbers

+

Type
Facility

Telephone Number

invalid chars

3. Select Facility for the phone number type.

Facility

Fax

Home

Mobile

TTY

Work

Build 202404102230 Locate a Service Office

4. Enter the telephone number in the format of 10 digits. For example, 3605551212.

Telephone Numbers

+

Type
Facility

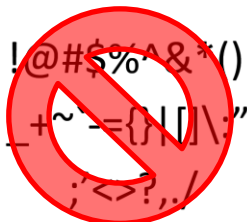
Telephone Number
3605551212

5. To delete the row, click on the trashcan icon.



Supporting Documentation

1. When uploading the supporting documentation, remember to not use any symbols when naming the document.



2. Only these file types are allowed:

.jpeg .docx .pdf
.png .rtf
.gif .xls
.tiff .xlsx

3. For instructions on how to upload the documentation, refer to [Chapter 4: Uploading Supporting Documents](#).

Saving the Page

1. After completing the page, click the *Save and Continue* button.



2. If any required documents were not uploaded, the following message will appear when the button is clicked.

All required supporting documents must be uploaded before saving.



3. A “Saved” message appears in the upper right-hand corner of the screen if all required fields and documents are completed.



D. Entity Type & Employer IDs Page

1. The *Entity Type and Employer IDs* page is where the type of entity is selected for the application.

Adult Family Home Application

Washington State Department of Social and Health Services

Logout

Attention: When completing the application fields, do not use the following symbols &, -, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.

Adult Family Home License Application - Change of Ownership

Entity Type

☒ Sole proprietorship ☐ For-profit corporation ☐ Limited partnership ☐ Government agency ☐ General partnership ☐ Non-profit corporation

☐ Limited liability company ☐ Group or association

Marital Status

☐ Married or state registered domestic partner ☐ Single

Employer IDs

Federal Employer Identification Number

WA State Unified Business Identifier

Master Business License Supporting Document

Internal Revenue Service Document Supporting Document Required

SAVE AND CONTINUE

2. Once the page becomes available, click on *Entity Type & Employer IDs* in the side menu.



Entity Type

1. Select the entity type.

Entity Type

☒ Sole proprietorship ☐ For-profit corporation ☐ Limited partnership ☐ Government agency ☐ General partnership ☐ Non-profit corporation

☐ Limited liability company ☐ Group or association

Marital Status

1. If the entity type is Sole proprietorship, complete the *Marital Status* section.

Marital Status

☐ Married or state registered domestic partner ☐ Single

Co-Applicant

1. If yes is answered to the Married or state registered domestic partner question, completed the co-applicant question.

Is your spouse or state registered domestic partner a co-applicant?

☐ Yes ☐ No

2. When the *Save and Continue* button is clicked, and the questions are not completed, the following messages will appear”

Please choose a marital status.

Please answer YES or NO to the co-applicant question.

SAVE AND CONTINUE

SAVE AND CONTINUE

Employer IDs

1. Complete the *Federal Employer Identification Number* (must be 9 digits) and *Washington State Unified Business Identifier* (must be 9 digits).

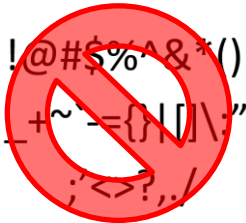
Employer IDs

Federal Employer Identification Number

WA State Unified Business Identifier

Supporting Documentation

1. When uploading the supporting documentation, remember to not use any symbols when naming the document.



2. Only these file types are allowed:

.jpeg .docx .pdf
.png .rtf
.gif .xls
.tiff .xlsx

3. For instructions on how to upload the documentation, refer to [Chapter 4: Uploading Supporting Documents](#).

Saving the Page

1. After completing the page, click the *Save and Continue* button.

SAVE AND CONTINUE

2. If any required documents were not uploaded, the following message will appear when the button is clicked.

All required supporting documents must be uploaded before saving.

SAVE AND CONTINUE

3. A “Saved” message appears in the upper right-hand corner of the screen if all required fields and documents are completed.



E. Legal Entity Info Page

1. The Legal Entity Info page only needs to be completed if the entity type is one of the following:
 - a. For-profit corporation
 - b. Limited partnership
 - c. Government agency
 - d. General partnership
 - e. Non-profit corporation
 - f. Limited liability company
 - g. Group or association

This page will not be in the side menu if the entity type is Sole Proprietorship.

Washington State Department of Social and Health Services

Attention: When completing the application fields, do not use the following symbols &, *, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.

Legal Entity Information

Legal Name of Entity

Legal Entity Mailing Address

Street Address City State Zip Code

Telephone Numbers

+

SAVE AND CONTINUE

2. Once the page becomes available, click on *Legal Entity Info* in the side menu.



3. The page will appear.



Remember, when completing fields, do not use the &, =, +, or # symbols. Replace them with the following and make sure to include the parentheses:

(and)
(equals)
(plus)
(number sign)

Saving the Page

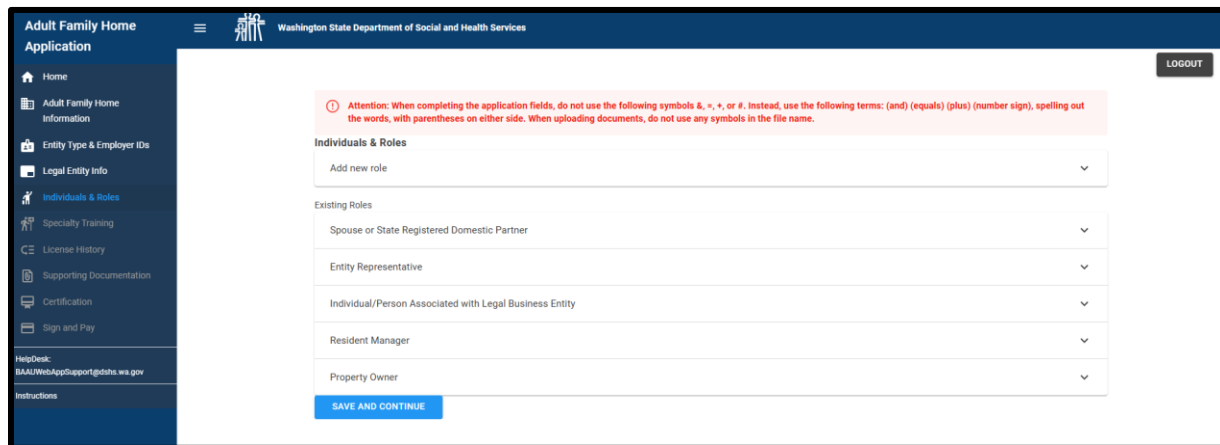
1. After completing the page, click the *Save and Continue* button.

2. A “Saved” message appears in the upper right-hand corner of the screen if all required fields and documents are completed.

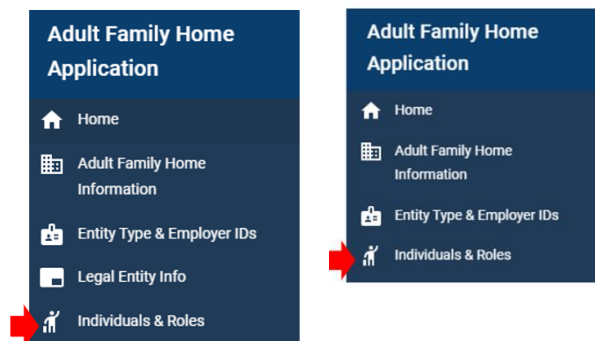


F. Individuals & Roles Page

1. The *Individuals & Roles* page is where individuals associated with the home are listed and their supporting documentation uploaded.



2. Once the page becomes available, click on *Individual & Roles* in the side menu.



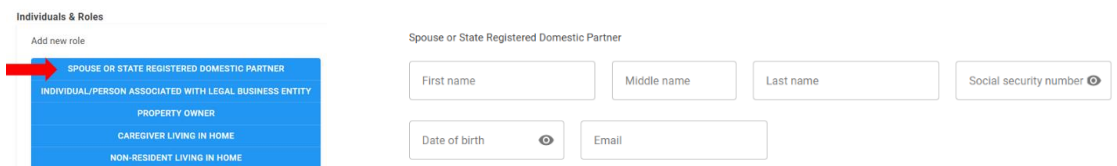
Important Information

- For the roles of Sole Proprietor, Entity Representative, Individual/Person Associated with Legal Business Entity, Resident Manager, and Co-Applicant, the individual must be 21 years old or older. This message will be seen if they are not.



Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old

- If the entity representative is an owner of the adult family home and is married or has a state registered domestic partner, the applicant must add that person by selecting the role from the *Add new role* section and completing the information.



- If additional property owners or individuals/persons associated with the legal business entity need to be added, select the appropriate role from the *Add new role* section and complete the information in the *Existing Roles* section.

- For property owners, the applicant will be asked a question about the property owner's active interest in the home. If that person will not have an active interest in the home but needs to be added in any other role, complete this role last.

If the role is completed first, then the applicant will not be able to add the person to any other roles.

- For any role, you will not be able to add anyone under the age of 11.
- If you entered a duplicate social security number when adding a new person, the system will let you know when you click on the *Save Person* button. Either change the social security number for the person and click the *Save Person* button or follow the instructions in the message.

Existing Roles

1. Roles required to be completed will display in the *Existing Roles* section. The roles seen will be based on how the application has been completed so far.

For example, these are the required roles for a non-profit corporation.

2. This is a list of all existing roles based on the entity type.



Remember, if the entity representative is an owner of the adult family home and is married or has a state registered domestic partner, the applicant must also add that person.

Entity Type	Existing Roles
Sole Proprietorship	Sole Proprietor Co-applicant (If married or has a state registered domestic partner) Spouse (If they are not a co-applicant) Resident Manager Property Owner
For-profit Corporation	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Limited Partnership	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Government Agency	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
General Partnership	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Non-profit Corporation	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Limited Liability Company	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner
Group or Association	Entity Representative Individual/Person Associated with Legal Business Entity Resident Manager Property Owner

Add New Role

1. The *Add New Role* section is above the *Existing Roles* section. This where the applicant can add additional roles or multiples of the same role.

The roles to select will depend on how the application has been completed so far.

Sole Proprietorship

Add new role

PROPERTY OWNER

CAREGIVER LIVING IN HOME

NON-RESIDENT LIVING IN HOME

All Other Entity Types

Add new role

SPOUSE OR STATE REGISTERED DOMESTIC PARTNER

INDIVIDUAL/PERSON ASSOCIATED WITH LEGAL BUSINESS ENTITY

PROPERTY OWNER

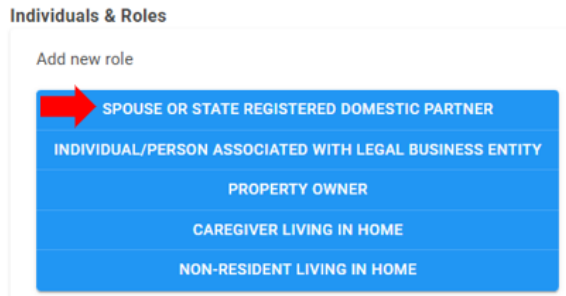
CAREGIVER LIVING IN HOME

NON-RESIDENT LIVING IN HOME

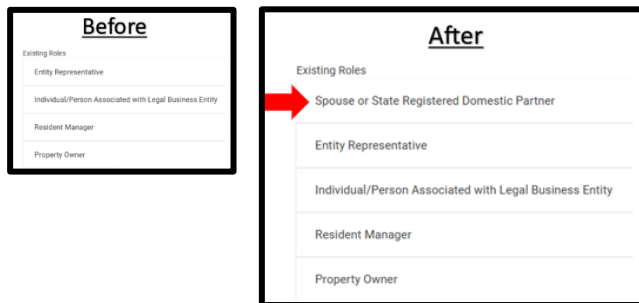
2. To select the role, click on the down arrow.

Add new role 

3. Click on the role to select it.



4. It populates in the *Existing Roles* section.

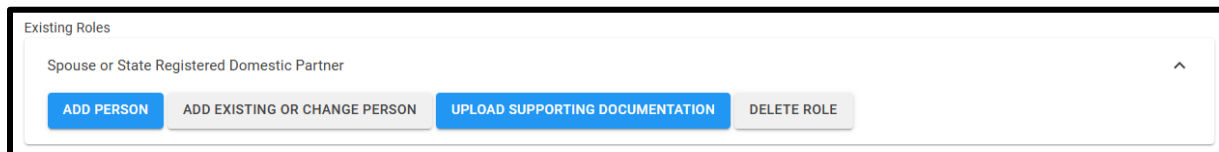


Adding the Individual's Information

1. To add the information, click on the name of the role.

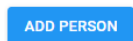


2. Some button will appear

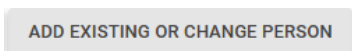


3. There are two ways to add the person.

- Adding a brand-new person

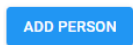


- Adding an existing person



Brand-New Person

1. To add a brand-new person, click the *Add person* button.



2. The fields for the role and some additional buttons will appear.

A form titled "Spouse or State Registered Domestic Partner" with input fields for First name, Middle name, Last name, Social security number, Date of birth, and Email. Below the fields are buttons for SAVE PERSON, CANCEL, ADD EXISTING OR CHANGE PERSON, UPLOAD SUPPORTING DOCUMENTATION, and DELETE ROLE. The form is enclosed in a black border.

Spouse or State Registered Domestic Partner

First name Middle name Last name Social security number

Date of birth Email

SAVE PERSON CANCEL

ADD EXISTING OR CHANGE PERSON UPLOAD SUPPORTING DOCUMENTATION DELETE ROLE

3. Complete the fields and click the *Save Person* button.

The same form as above, but with the First name field filled with "Test", the Last name field filled with "Test", and the Social security number field filled with "123456789". The Date of birth field is filled with "05/04/1974". A red arrow points to the "SAVE PERSON" button.

Spouse or State Registered Domestic Partner

First name Middle name Last name Social security number

Test Middle name Test 123456789

Date of birth Email

05/04/1974

SAVE PERSON CANCEL

ADD EXISTING OR CHANGE PERSON UPLOAD SUPPORTING DOCUMENTATION DELETE ROLE

4. Click the *Cancel* button to not save the information.

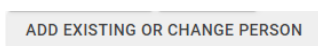
A close-up of the bottom buttons of the form. A red arrow points to the "CANCEL" button.

SAVE PERSON CANCEL

ADD EXISTING OR CHANGE PERSON UPLOAD SUPPORTING DOCUMENTATION DELETE ROLE

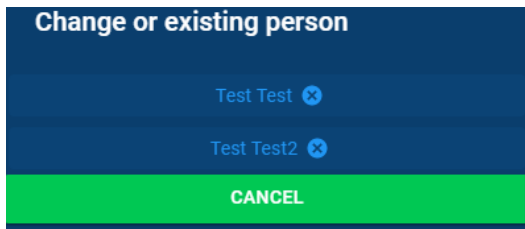
Existing Person

1. Once the person is saved, the applicant can add the person by clicking on the *Add Existing or Change Person* button.



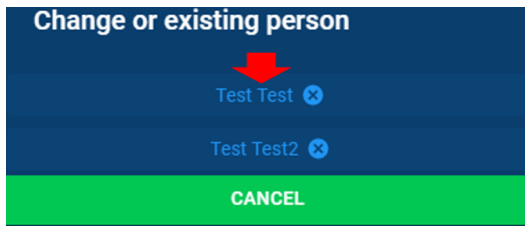
If the *Add Existing or Change Person* button is used to change someone in a current role, it will update all the roles the person is in.

2. The *Change or existing person* panel slides out with all the people who have been added and saved.



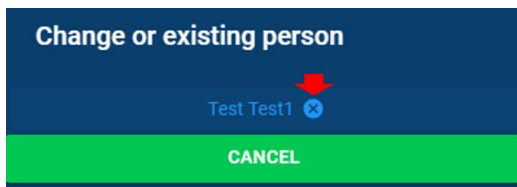
The panel is titled "Change or existing person" in white text on a dark blue background. Below the title, there is a list of two people: "Test Test" and "Test Test2", each followed by a blue "x" icon. At the bottom of the panel is a green button labeled "CANCEL" in white text.

3. Click on the person's name to add them.



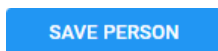
This panel is identical to the previous one, but a red arrow points to the "Test Test" name, indicating it should be clicked to add the person.

4. Do not click on the "x". It deletes the person from the application and from any roles they were associated with.



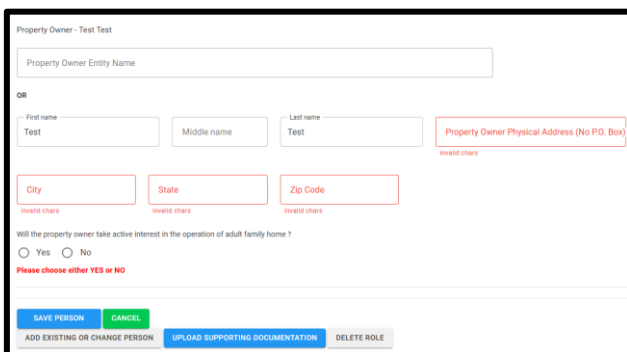
This panel is identical to the previous ones, but a red arrow points to the blue "x" icon next to the name "Test Test1", indicating that clicking it would delete the person.

5. After adding the existing person, click the *Save Person* button.

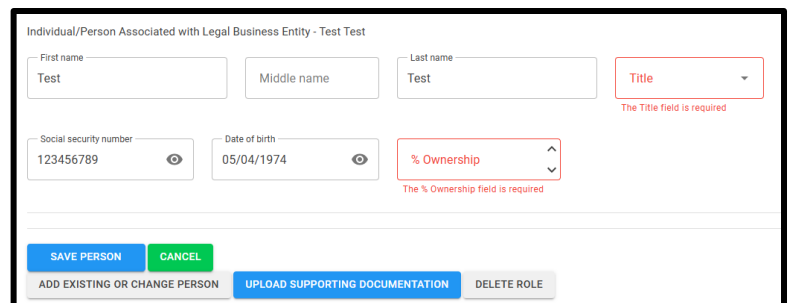


A blue button with the text "SAVE PERSON" in white capital letters.

6. For the roles of *Property Owner* and *Individual/Person Associated with Legal Business Entity*, complete the additional required fields and click the *Save Person* button.



The form is titled "Property Owner - Test Test". It has a text field for "Property Owner Entity Name". Below this, there is an "OR" section with three text fields: "First name" (containing "Test"), "Middle name", and "Last name" (containing "Test"). To the right of these is a text field for "Property Owner Physical Address (No P.O. Box)". Below these are three text fields for "City", "State", and "Zip Code". At the bottom, there is a question: "Will the property owner take active interest in the operation of adult family home?" with radio buttons for "Yes" and "No". Below this is a red error message: "Please choose either YES or NO". At the bottom of the form are two buttons: "SAVE PERSON" (blue) and "CANCEL" (green). Below these buttons are three more buttons: "ADD EXISTING OR CHANGE PERSON", "UPLOAD SUPPORTING DOCUMENTATION", and "DELETE ROLE".



The form is titled "Individual/Person Associated with Legal Business Entity - Test Test". It has three text fields for "First name" (containing "Test"), "Middle name", and "Last name" (containing "Test"). To the right of these is a dropdown menu for "Title" with a red error message: "The Title field is required". Below these are two text fields: "Social security number" (containing "123456789") and "Date of birth" (containing "05/04/1974"). To the right of these is a dropdown menu for "% Ownership" with a red error message: "The % Ownership field is required". At the bottom of the form are two buttons: "SAVE PERSON" (blue) and "CANCEL" (green). Below these buttons are three more buttons: "ADD EXISTING OR CHANGE PERSON", "UPLOAD SUPPORTING DOCUMENTATION", and "DELETE ROLE".

Additional Buttons

Edit Person

1. The *Add Person* button will become the *Edit Person* button after the person is saved.

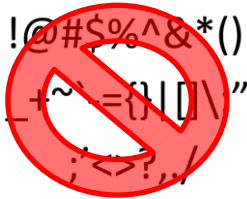


When editing a person in multiple roles, it will update the information for all the roles.

EDIT PERSON

Upload Supporting Documentation

1. When uploading the supporting documentation, remember to not use any symbols when naming the document.



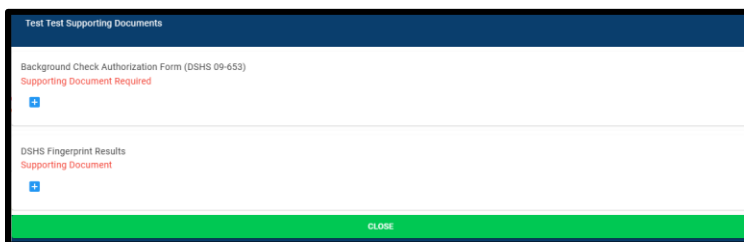
2. Only these file types are allowed:

.jpeg .docx .pdf
.png .rtf
.gif .xls
.tiff .xlsx

3. To upload the supporting documentation, the person needs to save the person. After the person is saved, click on the *Upload Supporting Documentation* button.

UPLOAD SUPPORTING DOCUMENTATION

4. The Supporting Documents panel slides open for the person.



5. The documents only need to be uploaded once if the person is in more than one role.
6. For additional instructions on how to upload the supporting documentation, see [Chapter 4: Uploading Supporting Documents](#).

Delete Role

1. Click *Delete Role* to delete the role.

DELETE ROLE



If the person is only in one role, the person will be deleted permanently.
If the person is in more than one role, they will just be deleted from the one role.

Save and Continue

1. After adding all the people and their documents, click the *Save and Continue* button.

SAVE AND CONTINUE

2. If anything was missed, a window will appear with messages letting the applicant know what needs to be done. Click *OK* and correct what needs to be done.

Please correct the following errors:

- Entity Representative needs a person assigned
- Test Test missing Background Check Authorization Form (DSHS 09-653) document
- Resident Manager needs a person assigned
- Property Owner needs a person assigned
- Total percent ownership of all affiliated individuals must equal 100

OK

3. A “Saved” message appears in the upper right-hand corner of the screen if all required fields and documents are completed.

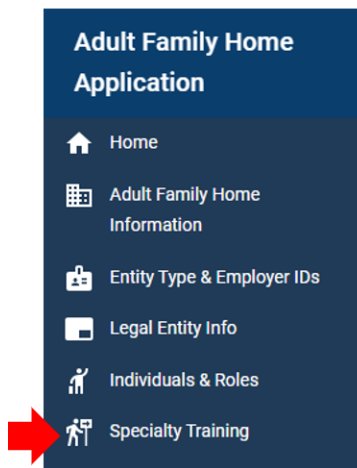
Saved

G. Specialty Training Page

1. The *Specialty Training* page is where the applicant will indicate if they will admit and care for residents with dementia, mental illness, and/or developmental disabilities.

The screenshot shows the 'Specialty Training' section of the 'Adult Family Home Application' form. The page header includes the Washington State Department of Social and Health Services logo and a 'LOGOUT' button. A red alert box at the top states: 'Attention: When completing the application fields, do not use the following symbols &, %, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.' The 'Specialty Training' section contains the text 'I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.' followed by two radio buttons, 'Yes' and 'No'. Below this is a blue 'SAVE AND CONTINUE' button. The footer contains various links and information, including 'Connect with DSHS', 'Access and Inclusion', 'Language Access', and 'Helpdesk'.

2. Once the page becomes available, click *Special Training* in the side menu.



Will not be Admitting Residents

1. Click *No* if residents with dementia, mental illness, and/or developmental disabilities will not be admitted and cared for.

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

☐ Yes ☒ No

2. Save the page and continue to the *License History* page.

SAVE AND CONTINUE

Will be Admitting Residents

1. Click *Yes* if residents with dementia, mental illness, and/or developmental disabilities will be admitted and cared for.

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

☒ Yes ☐ No

2. The specialty types and roles appear. This screen will vary based on how other pages have been completed.

Sole Proprietor, Co-Applicant, and Resident Manager

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

☒ Yes ☐ No

	Sole Proprietor Certificates (Test Test)	Co-applicant Certificates (Test1 Test1)	Resident Manager Certificates (Test2 Test2)
Dementia	☐ Yes ☐ No		
Mental Illness	☐ Yes ☐ No		
Developmental Disabilities	☐ Yes ☐ No		

SAVE AND CONTINUE

Sole Proprietor and Resident Manager

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

☒ Yes ☐ No

Sole Proprietor Certificates
(Test Test)

Resident Manager Certificates
(Test2 Test2)

Dementia

☐ Yes ☐ No

Mental Illness

☐ Yes ☐ No

Developmental Disabilities

☐ Yes ☐ No

SAVE AND CONTINUE

Entity Representative and Resident Manager

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

☒ Yes ☐ No

Entity Representative Certificates
(Test1 Test1)

Resident Manager Certificates
(Test2 Test2)

Dementia

☐ Yes ☐ No

Mental Illness

☐ Yes ☐ No

Developmental Disabilities

☐ Yes ☐ No

SAVE AND CONTINUE

Sole Proprietor and Resident Manager – Same Person

Specialty Training

I intend to admit and care for residents with dementia, mental illness, and/or developmental disabilities.

☒ Yes ☐ No

Sole Proprietor Certificates
(Test Test)

Dementia

☐ Yes ☐ No

Mental Illness

☐ Yes ☐ No

Developmental Disabilities

☐ Yes ☐ No

SAVE AND CONTINUE

Supporting Documentation

1. Click **Yes** to indicate the specialty.

Dementia

☒ Yes ☐ No

Mental Illness

☒ Yes ☐ No

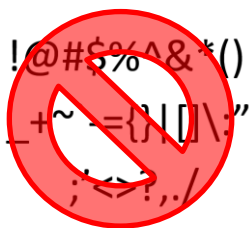
Developmental Disabilities

☒ Yes ☐ No

2. Upload the documentation for that specialty type.

Sole Proprietor Certificates (testasdf asdfuyhj)	Co-applicant Certificates (testasdfq adsofihujadi hjk)	Resident Manager Certificates (test test)
Dementia Training Certificate Supporting Document Required 	Dementia Training Certificate Supporting Document Required 	Dementia Training Certificate Supporting Document Required 
Mental Health Training Certificate Supporting Document Required 	Mental Health Training Certificate Supporting Document Required 	Mental Health Training Certificate Supporting Document Required 
Developmental Disability Training Certificate Supporting Document Required 	Developmental Disability Training Certificate Supporting Document Required 	Developmental Disability Training Certificate Supporting Document Required 

3. When uploading the supporting documentation, remember to not use any symbols when naming the document.



4. Only these file types are allowed:

.jpeg .docx .pdf
.png .rtf
.gif .xls
.tiff .xlsx

5. For additional instructions on how to upload the supporting documentation, see [Chapter 4: Uploading Supporting Documents](#).

Saving the Page

4. After completing the page, click the *Save and Continue* button.

SAVE AND CONTINUE

5. If any required documents were not uploaded, the following message will appear when the button is clicked.

All required supporting documents must be uploaded before saving.

SAVE AND CONTINUE

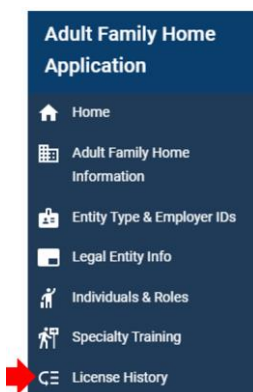
6. A “Saved” message appears in the upper right-hand corner of the screen if all required fields and documents are completed.



H. License History Page

1. On this page, indicate any previous licenses, contracts, or certifications.

2. Once the page becomes available, click on License History in the side menu.



3. Answer the questions.

Adult Family Home Application

Washington State Department of Social and Health Services

LOGOUT

License History

1) Has any person or entity named in this application ever held a license and/or certification for a business providing services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?
☐ Yes ☐ No

2) Has any person or entity named in this application ever held a Medicaid or other social services contract to provide services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities? This includes Individual Provider contract.
☐ Yes ☐ No

3) Has any person or entity named in this application ever had a founded finding and/or conviction of abuse, neglect, exploitation, or misappropriation of property by a professional licensing agency, a state licensing or contracting agency, Child Protective Services, Adult Protective Services, or court?
☐ Yes ☐ No

4) Has any person or entity named in this application ever been denied a license, contract, or certification to operate a facility providing care to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?
☐ Yes ☐ No

SAVE AND CONTINUE

4. If yes is answered for questions 1 or 2, there will be additional questions.

License History

1) Has any person or entity named in this application ever held a license and/or certification for a business providing services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?
☒ Yes ☐ No

1a) Was the license, contract, and/or certification to operate a facility denied, decertified, terminated, revoked, suspended, suspended with stay, enjoined, or imposed with conditions, civil fine, or stop placement to provide care to vulnerable adults, children, or persons with mental illnesses or developmental disabilities?
☐ Yes ☐ No

1b) Was the license and/or certification not renewed when notified by the state agency of initiation of denial, suspension, cancellation, or revocation?
☐ Yes ☐ No

2) Has any person or entity named in this application ever held a Medicaid or other social services contract to provide services to vulnerable adults, children, or persons with mental illnesses or developmental disabilities? This includes Individual Provider contract.
☒ Yes ☐ No

2a) Was the Medicaid contract or Medicare provider agreement revoked, terminated, cancelled, suspended, or not renewed?
☐ Yes ☐ No

5. If yes is answered to any of the questions, the fields to complete will appear. Depending upon how the questions are answered, not all fields may need to be completed.

Entity Name OR Listed Individual

Facility Name

Type of License, Contract, and/or Certification

Facility Physical Address

City

State

Zip Code

Type of Finding and/or Conviction

Things to Remember

1. The does not need to complete both the Entity Name and Listed Individual fields.

Entity Name

OR

Listed Individual

- The names in the Listed Individuals field come from the people listed on the Individuals & Roles page.

Test Test

Test Test1

- When completing fields, do not use the &, =, +, or # symbols. Replace them with the following and make sure to include the parentheses:

(and)
(equals)
(plus)
(number sign)

Adding and Cancelling Additional Individual or Entity

- Click *Save and Continue*.

Entity Name

test

OR

Listed Individual

Facility Name

test

Type of License, Contract, and/or Certification

AFH

Facility Physical Address

100 Test

City

Lacey

State

WA

Zip Code

98888

Type of Finding and/or Conviction

Revocation

ADD INDIVIDUAL OR ENTITY

SAVE AND CONTINUE

- Click *Add Individual or Entity*.

Entity Name OR

Facility Name Type of License, Contract, and/or Certification

Facility Physical Address City State Zip Code

Type of Finding and/or Conviction

ADD INDIVIDUAL OR ENTITY 

SAVE AND CONTINUE

3. Complete the fields.

Entity Name OR

Facility Name Type of License, Contract, and/or Certification

Facility Physical Address City State Zip Code

Type of Finding and/or Conviction

Entity Name OR

Facility Name Type of License, Contract, and/or Certification

Facility Physical Address City State Zip Code

Type of Finding and/or Conviction

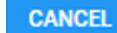
4. Click the *Save and Continue* button.

SAVE AND CONTINUE

5. To add additional individuals or entities, click the *Add Individual or Entity* button after saving the page.

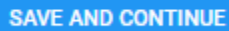
ADD INDIVIDUAL OR ENTITY

6. To cancel the additional individual or entity, click on the *Cancel* button before *Save and Continue* is clicked.

A blue rectangular button with the word "CANCEL" in white, uppercase letters.

7. If any questions were missed, a message will appear when the *Save and Continue* button is clicked.

All questions must be answered.

A blue rectangular button with the words "SAVE AND CONTINUE" in white, uppercase letters.

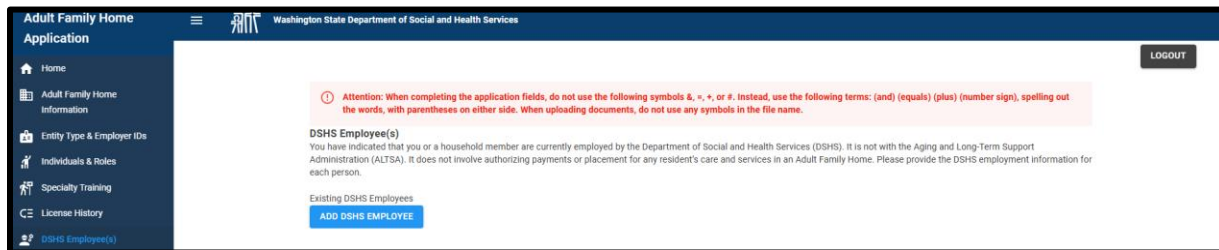
8. If all questions and fields are completed, a “Saved” message appears in the upper right-hand corner of the screen when *the Save and Continue* button is clicked.



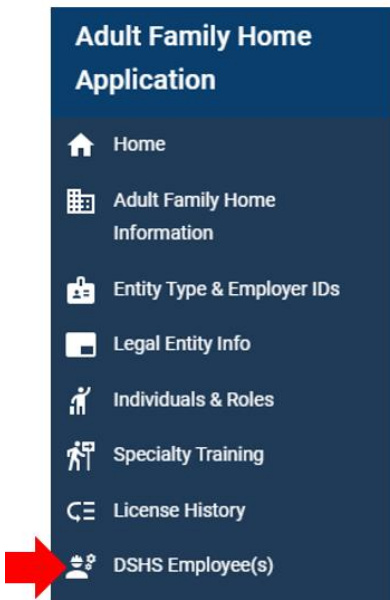
I. DSHS Employee(s) Page

1. If the applicant indicated someone in the household works for DSHS and were able to complete an application, the DSHS Employee(s) page will need to be completed.

This page will not be seen if there was no DSHS employment.



2. Once the page becomes available, click on *DSHS Employee(s)* in the side menu.



Things to Remember

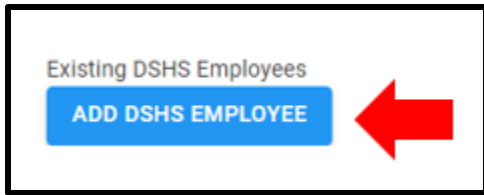
1. When completing fields, do not use the &, =, +, or # symbols. Replace them with the following and make sure to include the parentheses:

(and)
(equals)
(plus)
(number sign)
2. Once the person is saved, they cannot be deleted. Cancel the entry before saving the person.



Adding a Person

1. To add the person, click the *Add DSHS Employee* button.



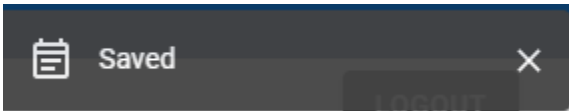
2. Complete the fields.

First name	Last name	DSHS Title and Administration
------------	-----------	-------------------------------

3. Click *Save Person* to save the information.

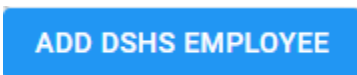


4. A “Saved” message appears in the upper right-hand corner of the screen.



Adding Additional DSHS Employees

1. Click *Add DSHS Employee*.



2. Complete the fields.

First name	Last name	DSHS Title and Administration
------------	-----------	-------------------------------

3. Click *Save Person* to save the information.

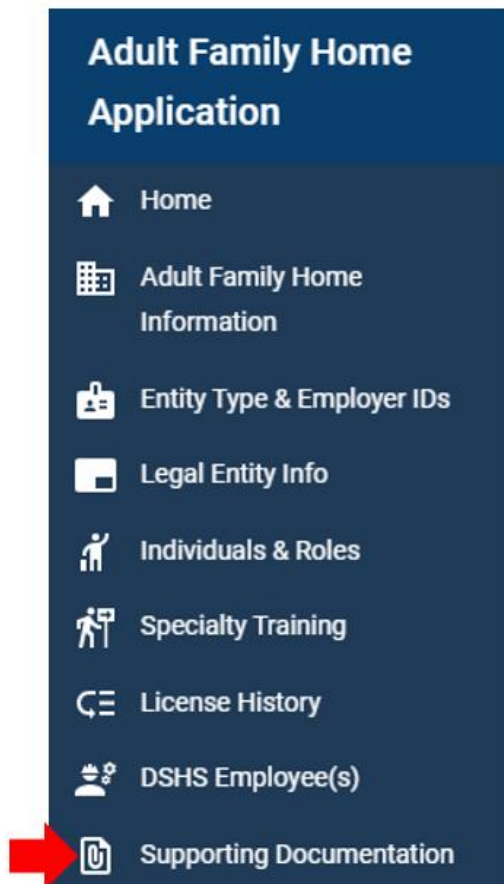


J. Supporting Documentation Page

1. The *Supporting Documentation* page is where additional documents are uploaded for the application.

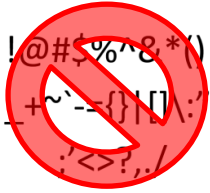
The screenshot shows the 'Adult Family Home Application' page on the DSHS website. The left sidebar contains a menu with options: Home, Adult Family Home Information, Entity Type & Employer IDs, Legal Entity Info, Individuals & Roles, Specialty Training, License History, DSHS Employee(s), Supporting Documentation (highlighted), Certification, Sign and Pay, and a footer with the URL 'https://wshs.wa.gov/applications'. The main content area is titled 'Supporting Documentation' and includes a warning: 'Attention: When completing the application fields, do not use the following symbols &, - , or / . Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.' Below the warning, there are two sections: 'Adult Family Home Floor Plan & Building Inspection Checklist' and 'Adult Family Home Policies'. The first section lists 'Adult Family Home Floor Plan' and 'Adult Family Home Building Inspection Checklist', both marked 'Supporting Document Required' with a blue plus icon. The second section lists 'Adult Family Home Policies and Procedures Attestation (DSHS 27-223)', 'Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)', 'Disclosure of Services Form (DSHS 10-508)', and 'Consent to Release and/or Use Confidential Information (DSHS 27-222)', all marked 'Supporting Document Required' with a blue plus icon. A 'SAVE AND CONTINUE' button is at the bottom.

2. Once the page becomes available, click on *Supporting Documentation* in the side menu.



Important Information

1. Remember to not use any symbols when naming the document.



2. Only these file types are allowed:

.jpeg .docx .pdf
.png .rtf
.gif .xls
.tiff .xlsx

3. For additional instructions on how to upload the supporting documentation, see [Chapter 4: Uploading Supporting Documents](#).

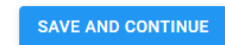
Saving the Page

1. After completing the page, click the *Save and Continue* button.

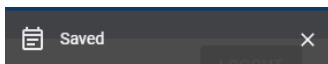


2. If any required documents were not uploaded, the following message will appear when the button is clicked.

All required supporting documents must be uploaded before saving.



3. A “Saved” message appears in the upper right-hand corner of the screen if all required fields and documents are completed.



K. Certification Page

1. The *Certification* page provides the notices that need to be read before the application is signed and paid for.
2. The signatures and payment will be done on the *Sign and Pay* page.

The screenshot shows the 'Adult Family Home Application' interface. The left sidebar contains a menu with the following items: Home, Adult Family Home Information, Entity Type & Employer IDs, Legal Entity Info, Individuals & Roles, Specialty Training, License History, DSHS Employee(s), Supporting Documentation, Certification (highlighted), and Sign and Pay. The main content area displays a 'Notice to Applicant' with the following text:

Attention: When completing the application fields, do not use the following symbols &, %, +, or #. Instead, use the following terms: (and) (equals) (plus) (number sign), spelling out the words, with parentheses on either side. When uploading documents, do not use any symbols in the file name.

I certify, under the penalty of perjury under the laws of the State of Washington and by my signature, that the information provided in this application and all additional documents and forms required for licensure of an adult family home are true, complete and accurate. I understand that the department may obtain additional information, verification and/or documentation related to my answers or information.

I certify that the applicant, spouse co-applicant, or State Registered Domestic Partner co-applicant, entity representative, and resident manager are at least 21 years of age or older.

Copies of all documents needed to verify the items in this application are attached, and original documents will be readily available for the licensor.

I understand that failure to accurately answer or fully complete the questions on this application may result in denial of the application, termination of a license, or other sanctions as allowed by WAC 388-76-10125.

I understand and agree that the information I give to the department will be used to verify the information in this application. Any information given to the department may be used by the department for this purpose.

I understand that the department will perform an individual credit history check for all applicants per RCW 70.128.120.

I understand that if my application for adult family home license is denied, I may request an administrative fair hearing within 28 days of receiving the denial letter from DSHS. I have read RCW Chapters 70.128, 70.129, and WAC 388-76, 38-122A, and 388-110 and any other applicable laws and rules.

Notice to Applicant

The Resource / Instructions document outlines all required documents. An Adult Family Home (AFH) application becomes void if the applicant does not return information within 60 calendar days of first request or has not obtained the license within one calendar year of submitted date per (WAC) 388-76-10075.

The Department of Social and Health Services (DSHS) issues an adult family home license to individuals and entities to provide personal care, special care, room, and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services (RCW 70.128.010). No individual or entity shall operate or maintain an adult family home in this state without a license (RCW 70.128.050).

The adult family home license is issued to the licensee (operator) and is not transferable (WAC 388-76-10010(3)(a)).

The licensee/operator is ultimately responsible for the daily operational decisions of the adult family home and the care of residents (WAC 388-76-10015). If/when I am licensed:

- I understand that any resident manager I employ must meet the requirements of RCW 70.128.120 and WAC 388-76-10130.
- No residents receiving care and services in the adult family home will be subject to discrimination on the basis of race, color, national origin, gender, age, religion, creed, marital status, disabled or Vietnam veteran's status, or the presence of any physical, mental, or sensory disability.
- If any residents need delegated care, I will make sure that the care is delegated by a registered nurse according to state law and rules.
- I will use the approved floor plan and will not change the use of any room until the local building inspector, if required, and the Residential Care Services field office have reviewed and approved the changes.

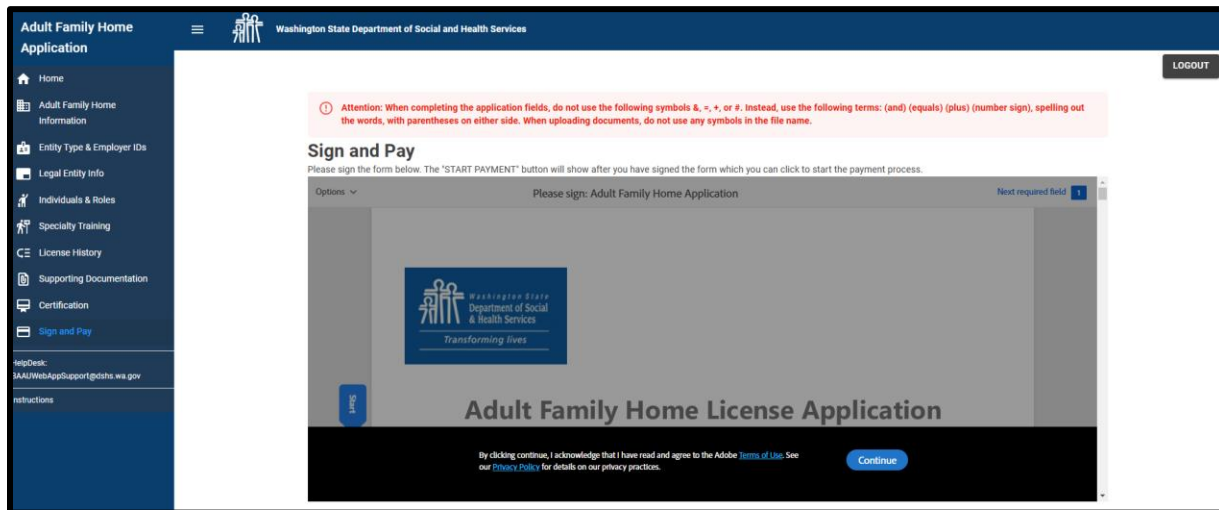
I will not exceed the approved capacity of the adult family home, and will contact the Residential Care Services field office before making any capacity changes.

3. Once the page becomes available, click on *Certification* in the side menu.

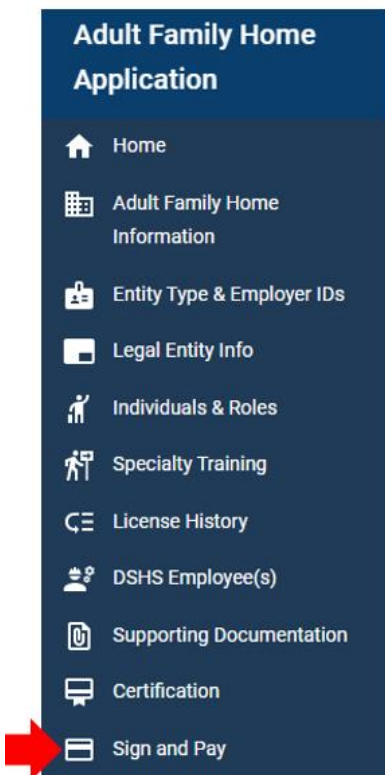


L. Sign and Pay Page

1. The *Sign and Pay* page is where the application is signed first and then payment is made.



2. Once the page becomes available, click on *Sign and Pay* in the side menu.



Signing the Application

1. Click continue.

Sign and Pay

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Options ▾ Please sign: Adult Family Home Application Next required field 1



Transforming lives

Start

Adult Family Home License Application

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Continue

2. Click on *Start*.

Sign and Pay

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Options ▾ Please sign: Adult Family Home Application Next required field 1



Transforming lives

Start

Adult Family Home License Application

↑ ↓ 1 / 9 | ⊖ ⊕

Powered by Adobe Acrobat Sign

3. Select *Click here to sign*.

Sign and Pay

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Options ▾ Please sign: Adult Family Home Application

Next required field 1

I will not exceed the approved capacity of the adult family home, and will contact the Residential Care Services field office before making any capacity changes.

Applicant Certification Signature

SIGNATURE	DATE
Click to Sign * Click here to sign	4/18/2024

PRINT NAME

Test TEST12

Spouse Co-Provider / SRDP Certification Signature

Next

6 / 9

Powered by Adobe Acrobat Sign

4. Either *Type* or *Draw* the signature.

If you Draw the signature, type the signature in the box.

5. Sign the application and click *Apply*.



6. Select *Click to Sign*.

Sign and Pay
Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Options ▾ Please sign: Adult Family Home Application Required fields completed ✓

required, and the Residential Care Services field office have reviewed and approved the changes.

I will not exceed the approved capacity of the adult family home, and will contact the Residential Care Services field office before making any capacity changes.

Applicant Certification Signature

SIGNA Click to change	PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
Test Test		4/18/2024
PRINT NAME		
Test TEst12		

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

Click to Sign

Powered by Adobe Acrobat Sign

7. Enter an email address.

Enter Your Information ✕

Please enter your email and then click to sign this document.

Cancel Click to sign

8. Select *Click to sign*.

Enter Your Information ✕

Please enter your email and then click to sign this document.

Cancel Click to sign

9. A message will appear with a link to download the signed application as a PDF document.



Download the signed application before completing the payment process. The applicant will not be able to download if after that.

Sign and Pay - When signing the application, please be very careful when entering the email address.

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Acrobat Sign Sandbox [Learn more](#)

 **You're all set**

Thank you for signing Adult Family Home Application Template
You can also [download a copy](#) of what you just signed.



 **START PAYMENT**

Payments may take some time to process after being submitted. If you have already completed your payment, you can try refreshing this page to see if it has been received by our system.

Powered by Adobe Acrobat Sign

Submitting the Payment

1. Click *Start Payment*.

Sign and Pay

Please sign the form below. The "START PAYMENT" button will show after you have signed the form which you can click to start the payment process.

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "Adult Family Home Application" until you've confirmed.

 **START PAYMENT**

Payments may take some time to process after being submitted. If you have already completed your payment, you can try refreshing this page to see if it has been received by our system.

Powered by Adobe Acrobat Sign

2. The payment site appears.

Simple Payment

sbcs.billpayments.com/app/simplepayui/?tsn=dshs#/simplepay/payment

WASHINGTON STATE
Department of Social and Health Services

Welcome to payment processing for DSHS - Aging and Long-Term Support Administration. Please enter your details below and press Continue to proceed.

Customer Details Payment Details Review Thank You

Enter Your Details

Account Number: *
0X02PQ8PLK

Email Address: *

First Name: Last Name: *

☐ Is Address Overseas

Address Line 1:

Address Line 2: City:

State: Zip:
-Select-

Continue

Copyright Alacriti Payments LLC - 2023 -

3. Complete the *Customer Details* tab and click *Continue*.

Customer Details Payment Details Review

Enter Your Details

Account Number: *
YXPE7GRNGS

Email Address: *
test@dshs.wa.gov

First Name: Last Name: *

Test Test

☐ Is Address Overseas

Address Line 1:
123 Test Ave

Address Line 2: City:
 Test

State: Zip:
Washington 98503

Continue

4. The *Payment Details* tab appears. The payment amount cannot be changed.

5. Select the *Payment Method*.
 - a. New Bank Account for Checking Account
 - b. New Card Account for Debit/Credit Card

6. Select *New Bank Account* to enter checking account information.

7. Save changes.

8. Select *New Card Account* to enter debit/credit card information.



There is a 2.9% fee when using a debit or credit card.

Add New Card Details

Name on Card: *

test test

Card Number: *



Expiration Date: *

12/23

Card Security Code: *

[What is this?](#)

Address Details

Address Line 1: *

123 Test St

Address Line 2:

City: *

Olympia

State: *

Washington

Zip: *

98502

Save changes

Cancel

9. Save changes.

Save changes

10. Click *Confirm*.

Customer Details

Payment Details

Payment Details

Payment Type: *

☒ One Time

Payment Method:

Visa Card ending in 9990

Edit | Change

Payment Date: *

07/17/2023

Payment Amount: *

2750.00

Enter Additional Payment Details

AppID:

01H5K44M5MKRPBDVY22QGEN0VD

Confirm

11. The *Review* tab appears.

Customer Details
Payment Details
Review
Thank You

Account Details
Account Number: 9OYM9JP0V6
Name On Account: Gabrinetti

Payment Details
Payment Method: Visa Card ending in 9990
Payment Type: One Time
Card Address: test, test, WA 98888, USA
Expiration Date: 12/23
Payment Amount: \$2,750.00
Fee: \$79.75
Payment Date: 07/17/2023
Total Amount: \$2,829.75

Additional Payment Details
AppID: 01HSK44M5MKRPBDVY22QGEN0VD

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.

Confirm
Edit

12. Click *Edit* to make changes.

Edit

13. Click on *Confirm* to not make changes.

Confirm

14. The *Thank You* tab appears if *Confirm* was clicked.

WASHINGTON STATE
Department of Social and Health Services

Your payment has been successfully processed. Please make a note of the confirmation number shown below or print this page for your records. A confirmation email has also been sent to the email address shown below. Please call us on 1-360-725-3768 if there is a problem with this payment.
If you would like to go back to our website go to <https://baau-test.dshs.wa.gov>.

Customer Details
Payment Details
Review
Thank You

Confirmation Number: INPV5X7FNF

Account Details
Account Number: DRTO6S8IK9
Name On Account: gabrinetti
Email Address: sarah.gabrinetti1@dshs.wa.gov

Payment Details
Payment Method: Visa Card ending in 9990
Payment Type: One Time
Card Address: test, test, WA 88888, USA
Payment Amount: \$2,750.00
Fee: \$79.75
Payment Date: 08/07/2023
Total Amount: \$2,829.75

Additional Payment Details
AppID: 01H6YAHNN413THVQRVC5T5MAQW

Make Another payment

15. To get back to the application, click on the link to the application.



WASHINGTON STATE
 Department of Social and Health Services

Your payment has been successfully processed. Please make a note of the confirmation number shown below or print this page for your records. A confirmation email has also been sent to the email address shown below. Please email us at baauwebappsupport@dshs.wa.gov if there is a problem with this payment.

If you would like to go back to our website go to <https://baau-test.dshs.wa.gov>.



For Card payments, the transaction will come through as DSHS ALTSA. For ACH payments, the transaction will come through as WADSHSALTSARCS Payment.

16. The page will refresh back to the *Home* page.

Unsubmitted Applications

Facility Name (id)	Application Type	License Type	Status	Created Date	Actions
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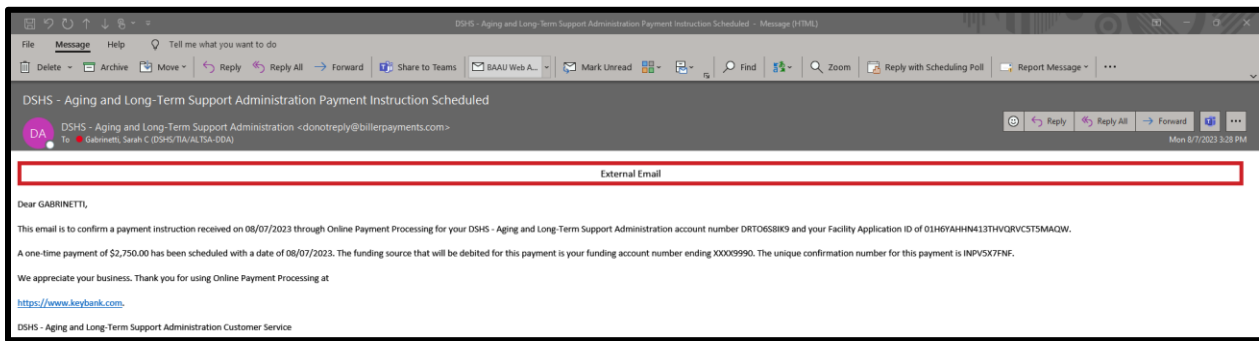
Submitted Applications

Facility Name (id)	Application Type	License Type	Reference #	Status	Submitted Date	Actions
test (01HV6WH1M9FH7PTGAKTHWRKW8Y)	Initial	Adult family home	RTQVR07ABG	Submitted to department	4/11/2024	 

17. The application is in the *Submitted Applications* section.

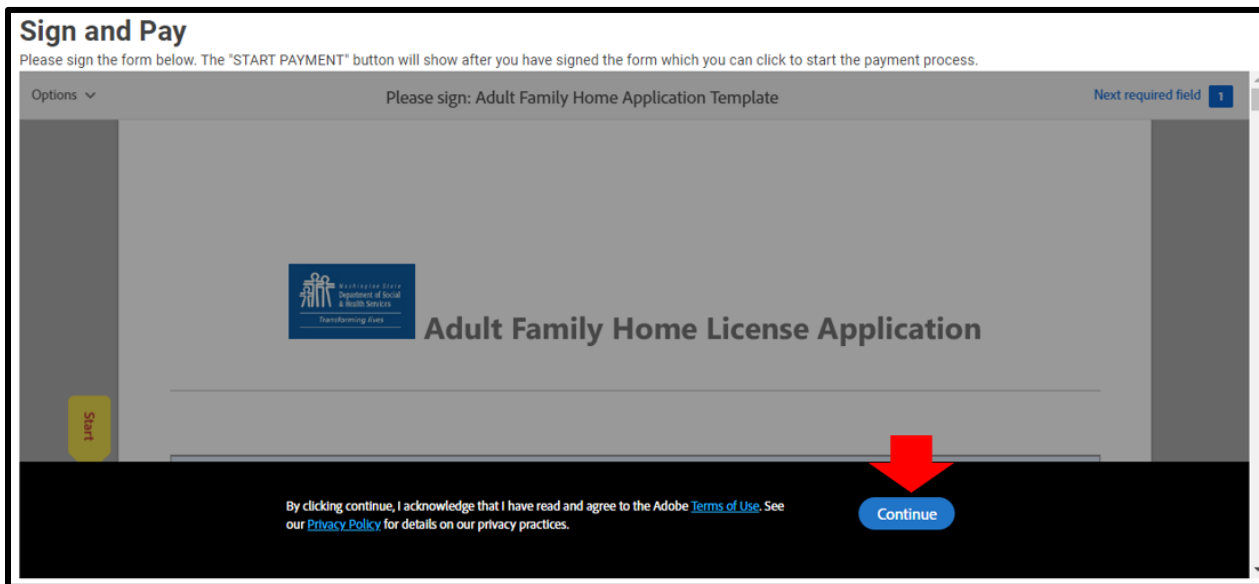
Submitted Applications						
Facility Name (id)	Application Type	License Type	Reference #	Status	Submitted Date	Actions
test (01HV6WH1M9FH7PTGAKTHWRKW8Y)	Initial	Adult family home	RTQVR07ABG	Submitted to department	4/11/2024	 

18. A confirmation email regarding the payment will be sent to the applicant and the department.

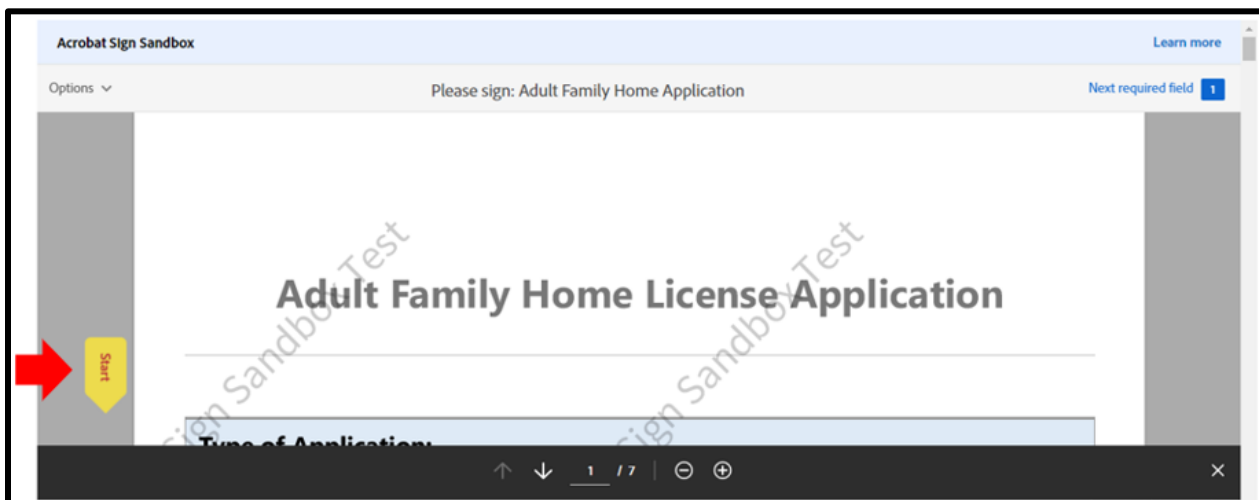


M. How to Sign when there is a Co-Applicant

1. On the Sign and Pay page, click *Continue*.



2. Click *Start*



3. Select *Click here to sign*.

Acrobat Sign Sandbox

Options ▾ Please sign: Adult Family Home Application Next required field 1

office before making any capacity changes.

Applicant Certification Signature

SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE DATE

* Click here to sign

PRINT NAME

Spouse Co-Provider / SRDP Certification Signature

Next

5 / 7

4. Click *Draw*. The signatures cannot be typed.

Options ▾ Please sign: Adult Family Home Application Next required field 2

require

I will not ex

office befor

Applica

SIGNATURE

* Click here to sign

PRINT NAM

Test Test

Spouse Co-Provider / SRDP Certification Signature

Next

6 / 9

Sign

Sign Here

Enter your name

Close Apply

Draw

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5. In the same signature block, the Sole Proprietor will sign first and then the Co-Applicant will sign. **These signatures must be distinct.**

Type Draw

Sign

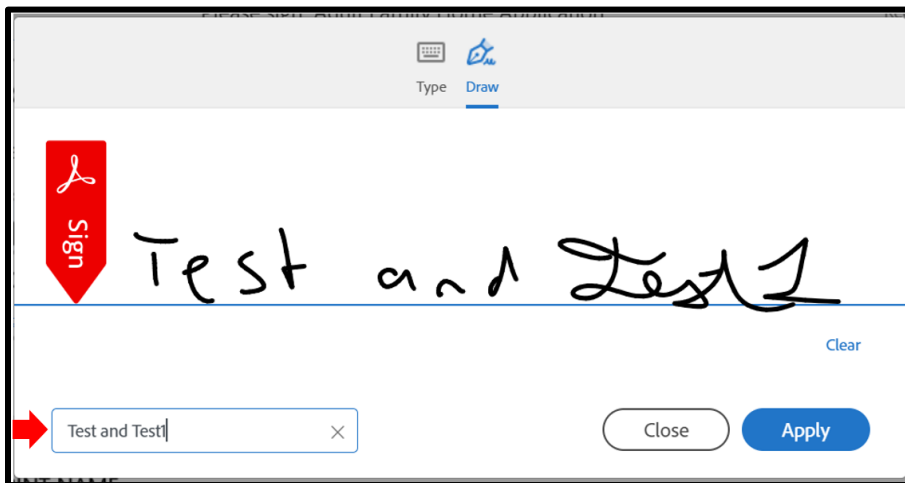
Test and Test 2

Clear

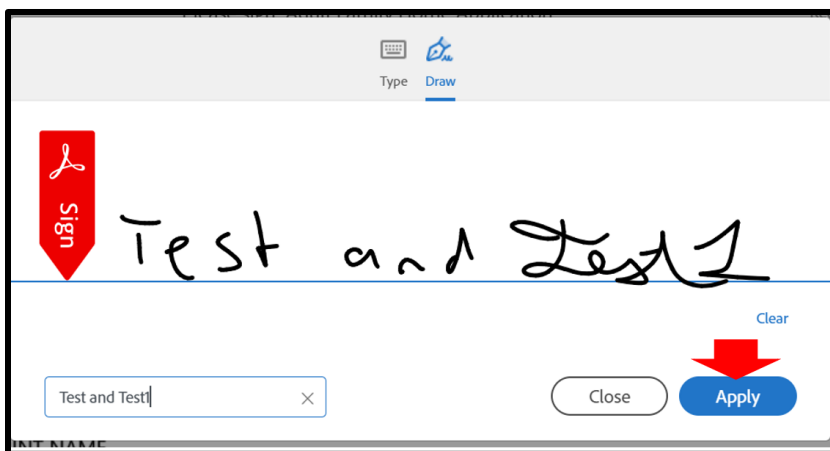
Enter your name

Close Apply

6. Type in the names in the *Enter your name* box.



7. Click *Apply*.



8. Click *Next*.

Options ▾ Please sign: Adult Family Home Application Next required field 1

required, and the Residential Care Services field office have reviewed and approved the changes.

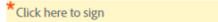
I will not exceed the approved capacity of the adult family home, and will contact the Residential Care Services field office before making any capacity changes.

Applicant Certification Signature	
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE  Test and Test - 03/25/2024	DATE 3/25/2024
PRINT NAME Test Test	
Spouse Co-Provider / SRDP Certification Signature	

Next

6 / 9

9. Select *Click here to sign*.

Spouse Co-Provider / SRDP Certification Signature	
SIGNATURE OF CO-APPLICANT (SPOUSE OR STATE REGISTERED DOMESTIC PARTNER)	DATE
 	3/25/2024
PRINT NAME	
Test Test1	
APPLICATION ID: 01HSGT4EY8RW9JD83K91HM2B	

10. The signature will populate from the first signature block. **Do not make any changes to it.**

Applicant Certification Signature	
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
	3/25/2024
PRINT NAME	
Test Test	
Spouse Co-Provider / SRDP Certification Signature	
SIGNATURE OF CO-APPLICANT (SPOUSE OR STATE REGISTERED DOMESTIC PARTNER)	DATE
	3/25/2024

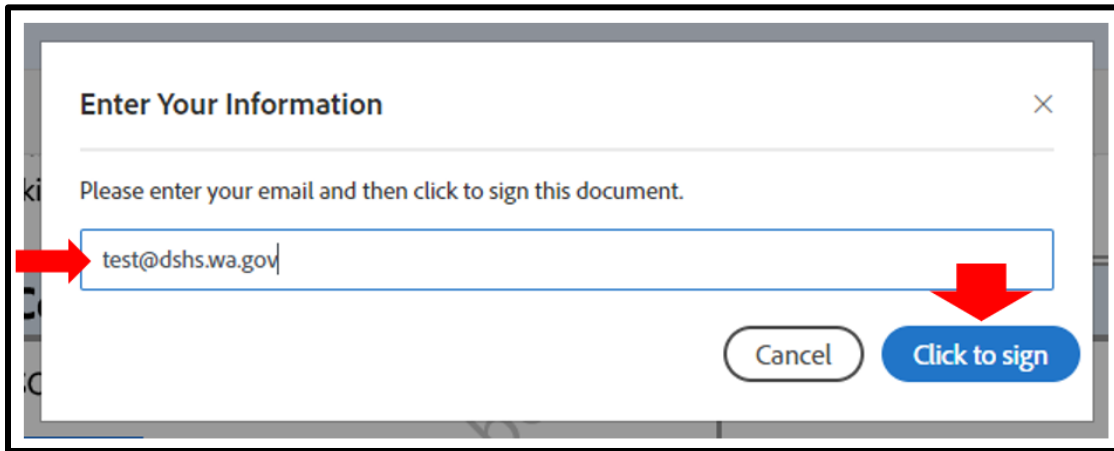
11. Select *Click to Sign*

Applicant Certification Signature	
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
	3/25/2024
PRINT NAME	
Test Test	
Spouse Co-Provider / SRDP Certification Signature	
SIGNATURE OF CO-APPLICANT (SPOUSE OR STATE REGISTERED DOMESTIC PARTNER)	DATE
	3/25/2024

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

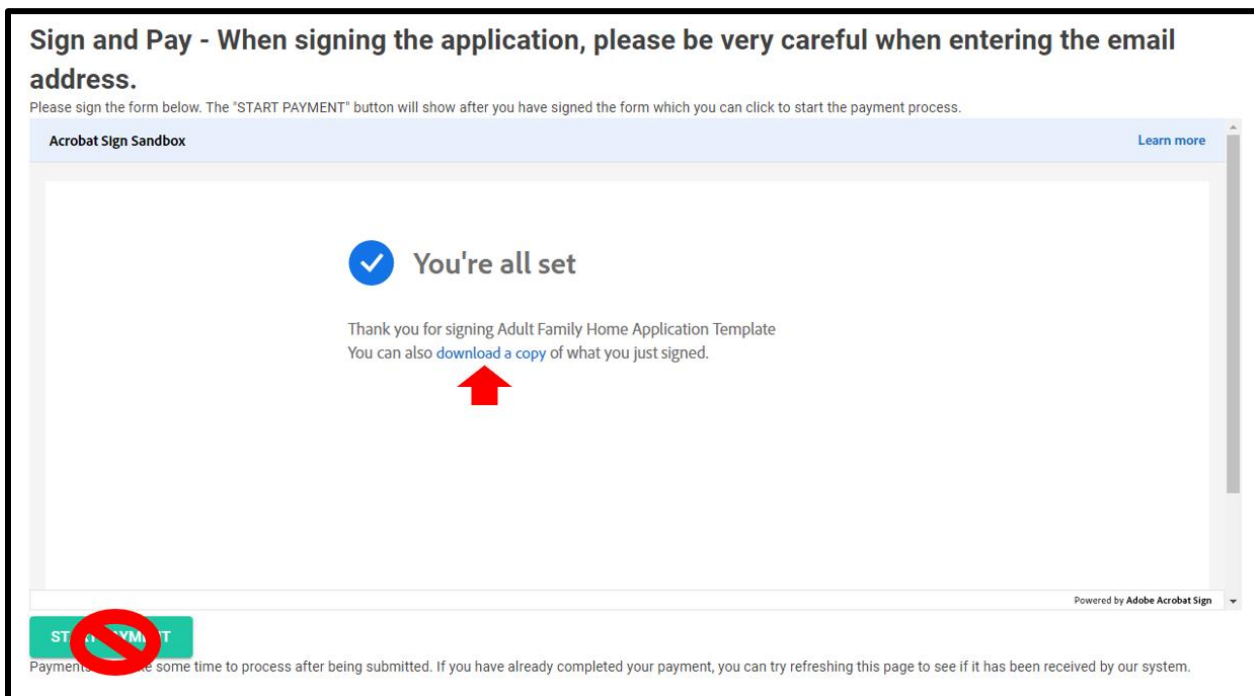



12. Enter an email address and select *Click to sign*.



13. A message will appear with a link to download the signed application as a PDF document.

Note: Download the signed application before completing the payment process. The applicant will not be able to download if after that.



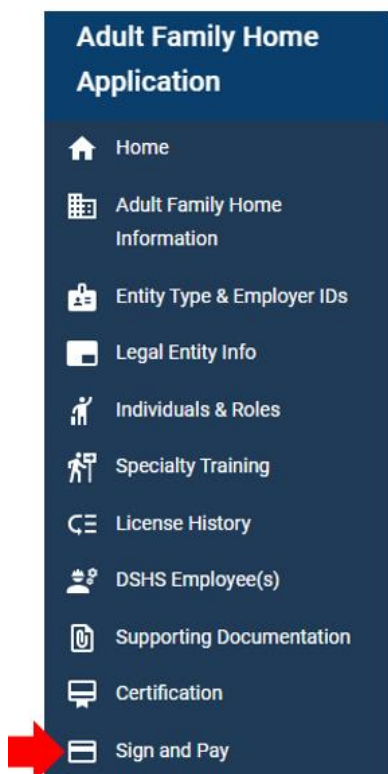
N. Resubmitting Declined Payment

1. If a payment was declined by the financial institution after it is submitted, an email will be sent to the applicant and BAAU.

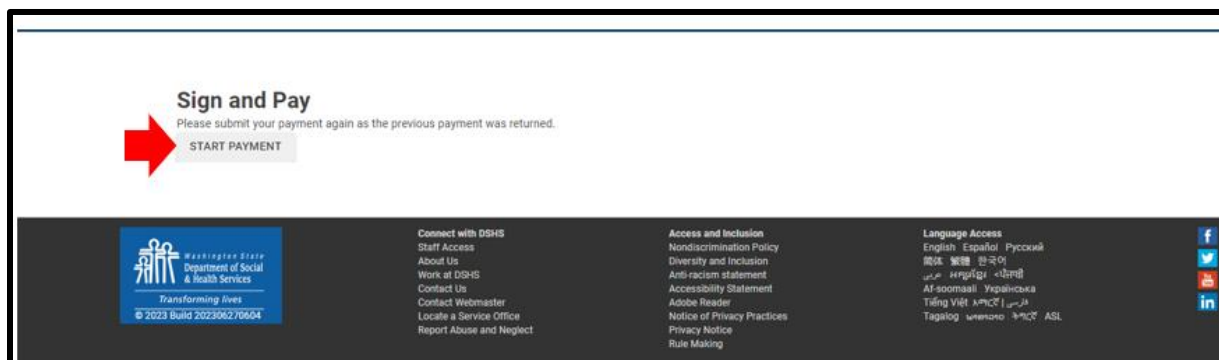


BAAU will let the applicant know when they are able to resubmit the payment.

2. Once BAAU lets the applicant know the payment can be resubmitted, go to the Sign and Pay page.



3. Click on the Start Payment button.



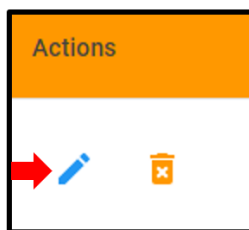
4. The applicant will be redirected back to the payment. Complete the payment screens as shown in the [Sign and Pay Page section](#) of Chapter 5.

O. Editing Application after Submission

1. If BAAU has returned the application for edits, the application will be on the Home page in the *Unsubmitted Applications* section. The status of the application will be Returned for Edit

Unsubmitted Applications					
Facility Name (Id)	Application Type	License Type	Status	Created Date	Actions
Test Application AFH (01HX7VRAX872T9V9SVF5CRF9EX)	Initial	Adult family home	Returned For Edit	5/6/2024	 

2. Click the pencil icon.



3. Make any requested changes.
4. Resign the application as shown in the [Sign and Pay Page section](#) of Chapter 5.
5. After resigning the application, click on the *Submit Application* button to resubmit the application.

Sign and Pay - When signing the application, please be very careful when entering the email address.

Your application payment has been received.
Please sign the form again only if you have made changes to the application after you signed it the last time. The 'SUBMIT APPLICATION' button will appear after you have signed the form which you can click to submit your modified application.

Acrobat Sign Sandbox

Learn more

 You're all set

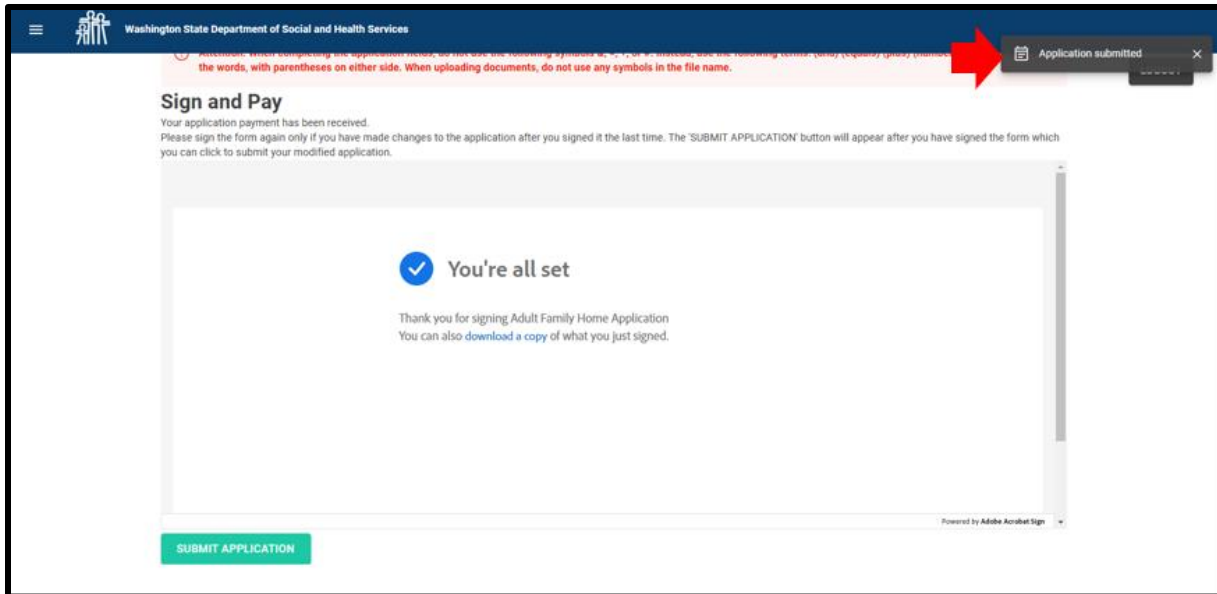
Thank you for signing Adult Family Home Application Template
You can also [download a copy](#) of what you just signed.



SUBMIT APPLICATION

Powered by Adobe Acrobat Sign

6. A message will appear in the upper right-hand corner letting the applicant know the application has been submitted.



Revision History

This document has been revised from the original draft. Revisions are described in the table below.

Revision Date	Version	Description	Initials
08/01/23	1.0	Initial version	SCG
09/07/23	1.1	Updated pgs. 25, 26, and section J	SCG
09/08/23	1.2	Updated Table of Contents, pgs. 39, 52, and section K	SCG
11/16/23	1.3	Updated Entire Manual	SCG
01/02/24	1.4	Remove references to AFH Orientation class	SCG
03/28/24	1.5	Added section N to Chapter 5 and updated section M	SCG
05/17/24	1.6	Updated Entire Manual	SCG
04/11/25	1.7	Updated Entire Manual	SCG