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|  |  RESIDENTIAL CARE SERVICES (RCS) ADULT FAMILY HOME (AFH) **AFH Change in Licensed Bed Capacity - Decrease** |
| There is no fee to decrease the number of licensed beds. There is NO REFUND of any portion of the per bed fee you paid. You must have a minimum of two (2) licensed beds to be an Adult Family Home.Email the completed form to Business Operations and Analysis Unit (BOA) at RCSBOA@dshs.wa.gov or mailing it to BOA, PO Box 45600, Olympia WA 98504-5600.  |
| AFH NAME | AFH LICENSE NUMBER | COUNTY |
| Licensed bed change: Capacity **DECREASE** of  beds TOTAL number of beds to be licensed: Name and phone number of the primary contact for questions: |
| PRINT NAME | PHONE NUMBER (WITH AREA CODE) | DATE |
| PRINT TITLE |
| **For ALTSA / RCS Use Only** |
|  |
| Please type or print clearly. Answer all questions and follow all instructions. Please refer to WAC 388-76-10030. It is the responsibility of the licensee to submit a complete form and fee. Contact 360-725-3700 if you have questions about this form. This form may be photocopied. |