|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Adult Family Home License Relinquishment Letter**  (To be completed by the current licensee of the adult family home) | | | | | | |
| This letter must be:   * Included with each adult family home license application if the home is a currently licensed adult family home and a change of ownership is proposed. * Completed and signed by the current licensee of the adult family home. If the current licensee is an entity (which is a corporation, partnership, association, or limited liability company), **ALL** members of the entity MUST sign this letter. | | | | | | | | |
| I/We as licensees of |  | | | | | | located at | |
|  | | | ADULT FAMILY HOME NAME | | | |  | |
|  | | | | | | | | |
| ADDRESS OF ADULT FAMILY HOME | | | | | | | | |
| agree to relinquish (give up) my/our adult family home license to | | | | |  | | | |
|  | | | | | NAME OF APPLICANT | | | |
| if and when the Department of Social and Health Services approves of an adult family home license for the applicant at this address.  I/We are not aware of any litigation or barriers that would prevent the transfer of the home.  I/We understand that until the Department issues a license to the applicant, we remain the licensee of this adult family home and understand that we are responsible for the daily operations of this adult family home. I/We understand that the licensing application process can take several weeks to several months.  I/We understand that the Department is not a party to or involved with any real estate transactions and/or business agreement(s) between the applicant and the current licensee. I/We also understand that licensing approval is not contingent upon the lease or rental arrangements, or the purchase and sale of the adult family home business or property.  I/We understand that relinquishing our adult family home license means that we will no longer be the licensee of this adult family home once the applicant receives a license to operate an adult family home at this location.  I/We understand that, if we have a contract to serve Medicaid clients, the contract to serve Medicaid clients will be terminated upon the termination of our adult family home license.  I/We certify that we have notified each resident, in writing, of the potential change of ownership for this adult family home. | | | | | | | | |
| NAME OF EACH INDIVIDUAL WHO IS PART OF THE ADULT FAMILY HOME LICENSEE | | | | TITLE | | SIGNATURE | | DATE SIGNED |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
|  | | | |  | |  | |  |