

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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

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| **Date**  *Sent via email* | | | |
| **Applicant's Name**  **Mailing Address** | | RE: **Adult Family Home's Name** | |
| Dear **Mr. / Ms. Applicant's Last Name**,  Our records show that you submitted an application for an Adult Family Home (AFH) license on **Date**.The Department’s Business Analysis and Application Unit (BAAU) processed and accepted your application, forwarding it to the Residential Inspection and Quality Assurance program on **Date**.  **History of Contact:**  List date / contact and results. | | | |
| **DATE** | **CONTACT INFORMATION** | | **RESULTS** |
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| On **Date**, in a conversation with Licensor **Name**, you indicated you were not ready for an initial licensing inspection because: |

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| **Based on your Date written request,** the Department agrees to postpone your initial licensing inspection.  **You must:**   * Notify this office in writing to request scheduling an inspection; and * Be ready for the schedule inspection.   Send written notice to: **Assigned Initial Licensor's Name** at **Assigned Initial Licensor's Email Address**  **You must not:**   * Operate as an AFH until you have a license; or * Admit more than one resident until you have a license.   **After the “12 Month Date:”**   * The Department will void your application and close your file; and * If you wish to become licensed as an AFH, you will have to reapply to the Department’s Business Application and Analysis Unit (BAAU). |
| **Please Note:**   * Scheduling another initial licensing inspection visit can take up to four (4) weeks after we receive your written request. You must allow time to schedule the inspection and meet the minimum licensing requirements. * Failure to contact the Department at least 60 days prior to your “12 Month Date” to discuss scheduling your initial licensing inspection visit may result in not having enough time to complete the licensing process. **The Department may void your application and close your file.**   **If you have any questions:**  Please contact **Name** at **Phone Number (include area code)**.  cc: Application File  **Name**, Licensor |