

AFH Change in Licensed Bed Capacity - Increase

Adult Family Home (AFH) per bed license fee is \$225. If there are less than 12 months before your next license anniversary date, you will need to pro-rate* this fee. Make check or money order payable to Washington State Treasurer and mail this form and the pro-rated fee to: ALTSA, PO Box 45600, Olympia, WA 98504-5600.

Please be sure to write the adult family home license number on your check.

AFH NAME	AFH LICENSE NUMBER	COUNTY
----------	--------------------	--------

Licensed bed change: Capacity **INCREASE** of _____ beds

TOTAL number of beds to be licensed: _____

* Pro-rated fee calculation:

Multiply the number of months before your next license anniversary date times the additional number of beds you want to license, and then multiply by the pro-rated monthly bed fee of \$18.75.

Remember, the capacity increase is not in effect until you receive a revised license and letter from the department verifying that the capacity increase is approved.

Name and phone number of the primary contact for questions:

PRINT NAME	PHONE NUMBER (WITH AREA CODE)	DATE
PRINT TITLE		

For ALTSA Fiscal Use Only	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 360-725-2420 if you have questions about this form. This form may be photocopied.