



Adult Family Home License Web Application

Version 1.0
August 2023

Table of Contents

Chapter 1: SAW and Logging In	4
A. Create a SAW Account	4
B. Log in to the Web Application	7
Chapter 2: Home Page.....	12
A. Unsubmitted Applications.....	12
B. Submitted Applications	14
C. Logging Out.....	15
D. Start New Adult Family Home Application Button	16
Chapter 3: Creating an Adult Family Home Application	17
A. Cancel Application Button	17
B. DSHS Employee Questions.....	17
C. Additional Prerequisite Questions	18
D. Application Type	20
E. Before You Begin... Page	20
F. Side Menu	22
Chapter 4: How to Upload Supporting Documentation	23
Chapter 5: Application Pages	25
Things to Remember	25
A. Adult Family Home Information.....	26
Initial.....	26
Change of Ownership	27
Relocation Only	27
Supporting Documentation.....	28
B. Entity Type & Employer IDs.....	29
Entity Type.....	29
Marital Status	30
Co-Applicant.....	30
Employer IDs	30
Supporting Documentation.....	30
C. Legal Entity Info.....	31
D. Individuals & Roles	33
Roles	34

Buttons.....	36
List of Roles and Required Fields.....	40
E. Specialty Training	44
Will not be Admitting Residents.....	45
Will be Admitting Residents.....	45
Supporting Documentation.....	47
F. License History	49
Adding Additional Individual or Entity.....	50
G. DSHS Employee(s).....	53
Adding Additional DSHS Employees	54
H. Supporting Documentation	55
I. Certification	58
J. Sign and Pay	59
Signing the Application.....	59
Submitting the Payment.....	63
Resubmitting the Payment Due to NSF ACH.....	69
Resubmitting the Payment Due to Credit/Debit Card Being Declined.....	69
Viewing Submitted Application.....	69
Withdrawing the Application after Submission.....	70
K. Editing Application after Submission.....	70
Revision History	72

Chapter 1: SAW and Logging In

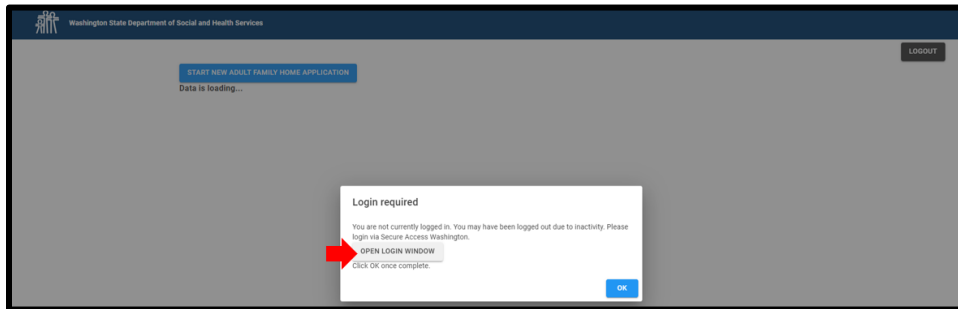
Welcome to the Department of Social & Health Services (DSHS) Adult Family Home License Web Application. To complete the application, a Secure Access Washington (SAW) account must be created.

A. Create a SAW Account

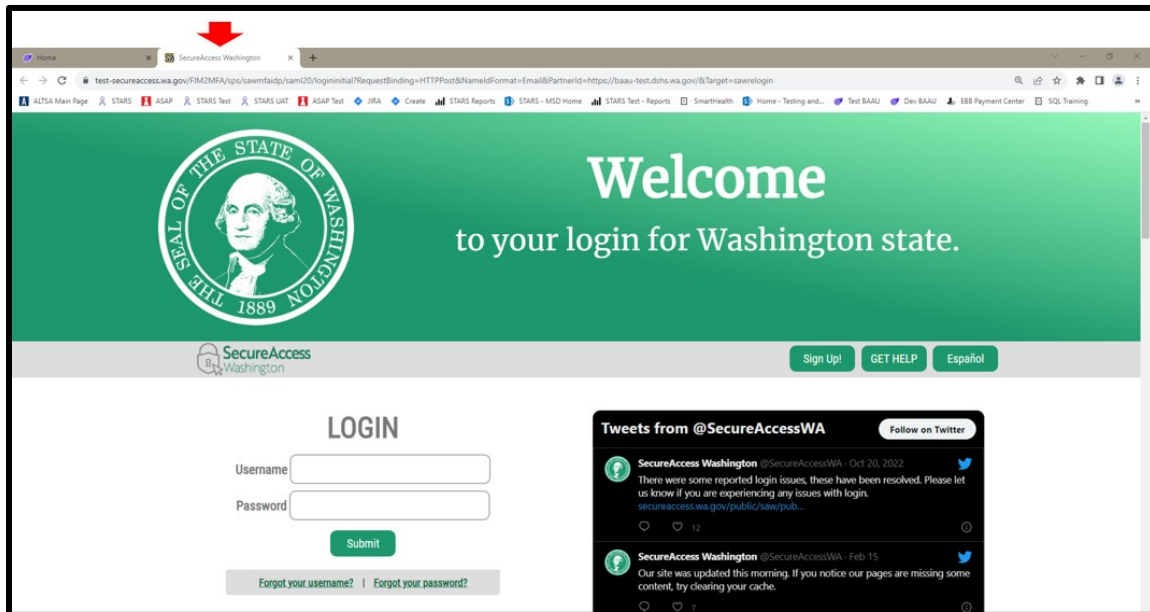
Go to the AL TSA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.

Click the application link.

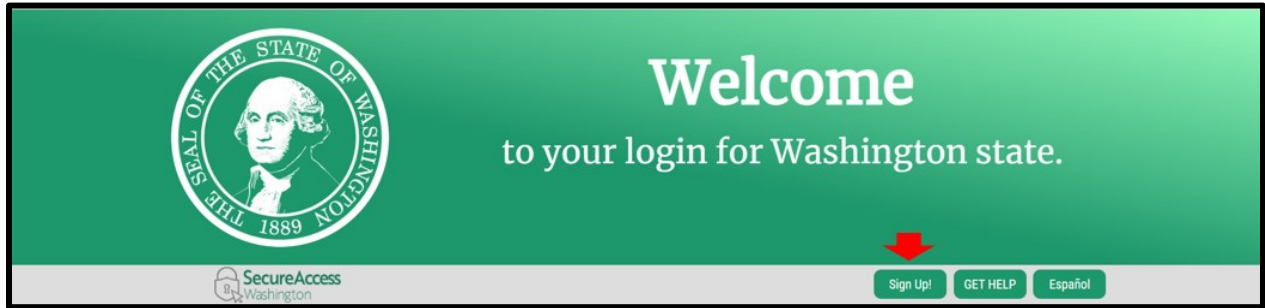
The *Login required* page appears. Click on *Open Login Window*.



A new tab appears.



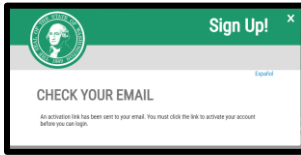
Click on *Sign Up!*



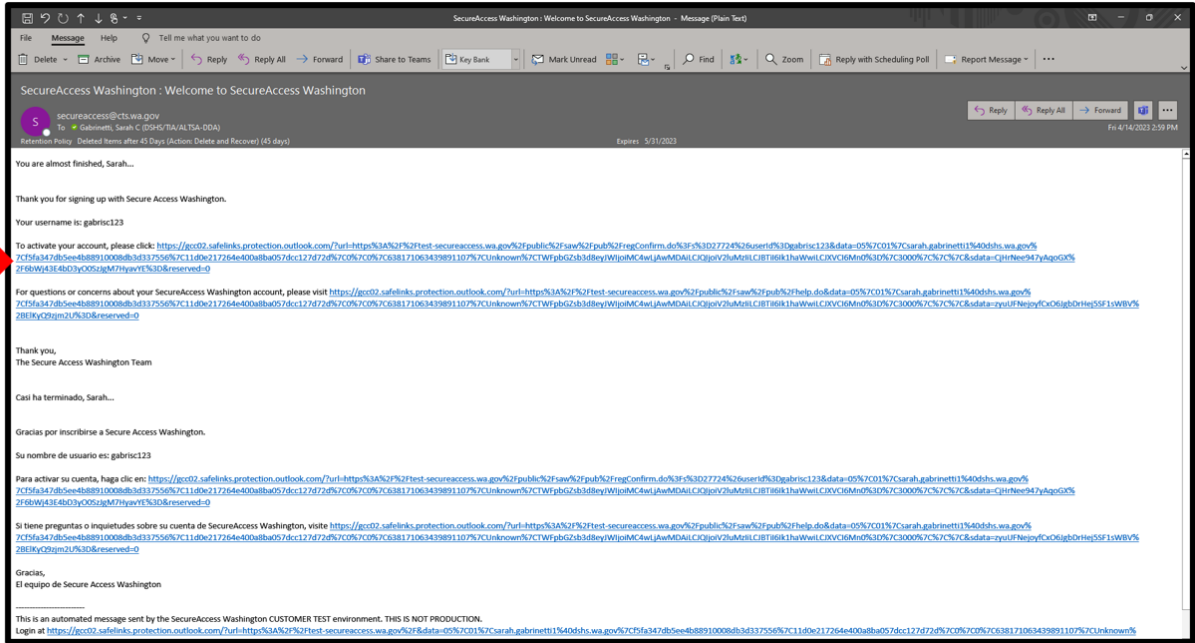
Complete the *Sign Up for An Account* page.

A "Sign Up!" modal window with a green header and a white body. The title "Sign Up For An Account" is at the top left, with a "Español" link to its right. Below the title is a short instruction: "Fill in the following form to sign up for an account. If you are not sure if you already have an account, [click here](#)." The form is divided into sections: "Personal Information" with fields for "First Name", "Last Name", and "Primary Email"; "Contact Information For Security (Optional)" with fields for "Additional Email Address (Optional)" and "Mobile Phone Number (Optional)", followed by a small disclaimer; "Username and Password" with a "Username" field, "Password Requirements" (stating "Add at least 10 more characters" and "Add a special character or a lower case letter or an uppercase letter or a number"), "Password" field, and "Confirm Password" field; and a "I'm not a robot" checkbox with a CAPTCHA image. At the bottom left is a "Privacy Policy" link, and at the bottom center is a "Create my account" button.

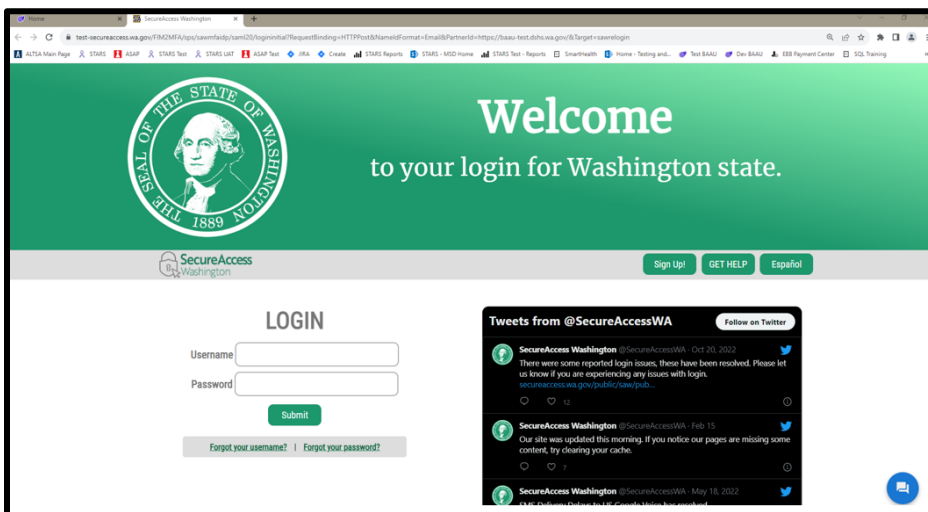
An email will be sent to validate the email address.



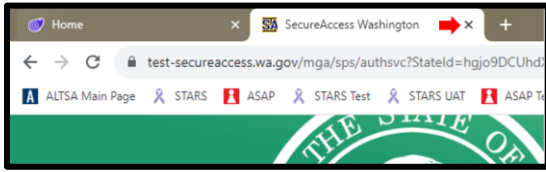
Click the link in the email.



The *SAW* Login page appears.



Click on the “X” to close the tab.

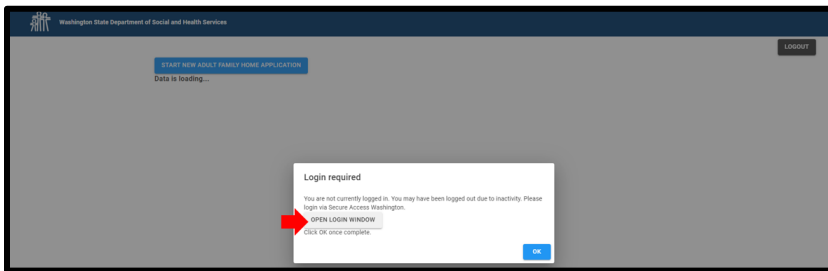


B. Log in to the Web Application

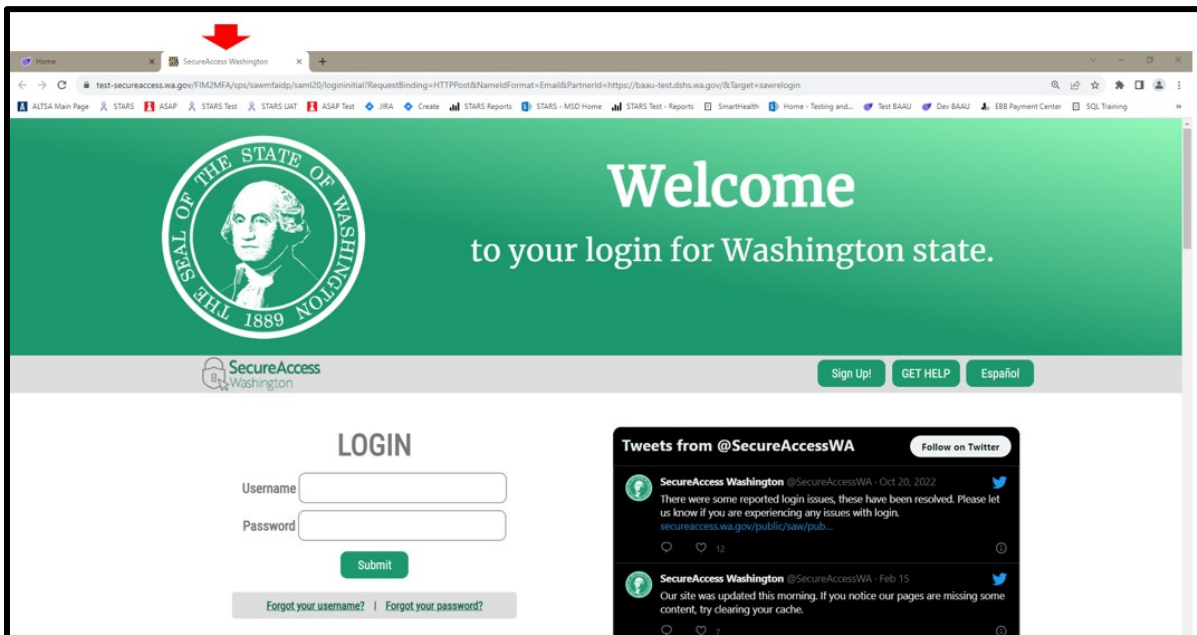
Go to the AL TSA website at <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.

Click the application link.

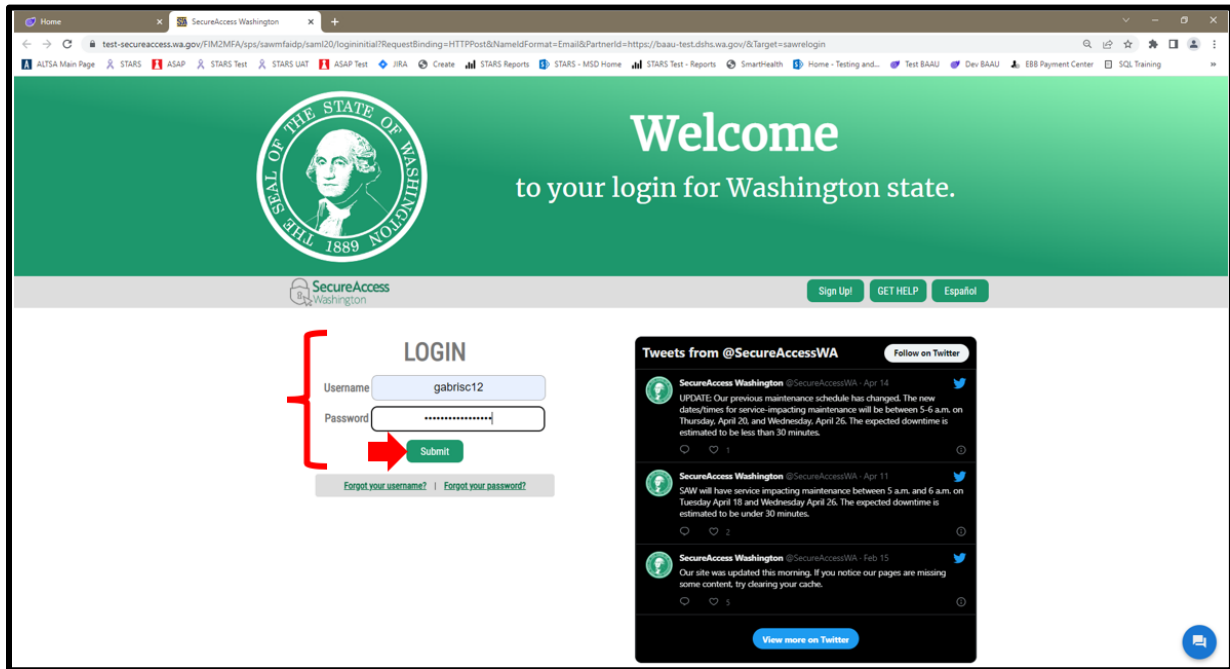
The *Login required* page appears. Click on *Open Login Window*.



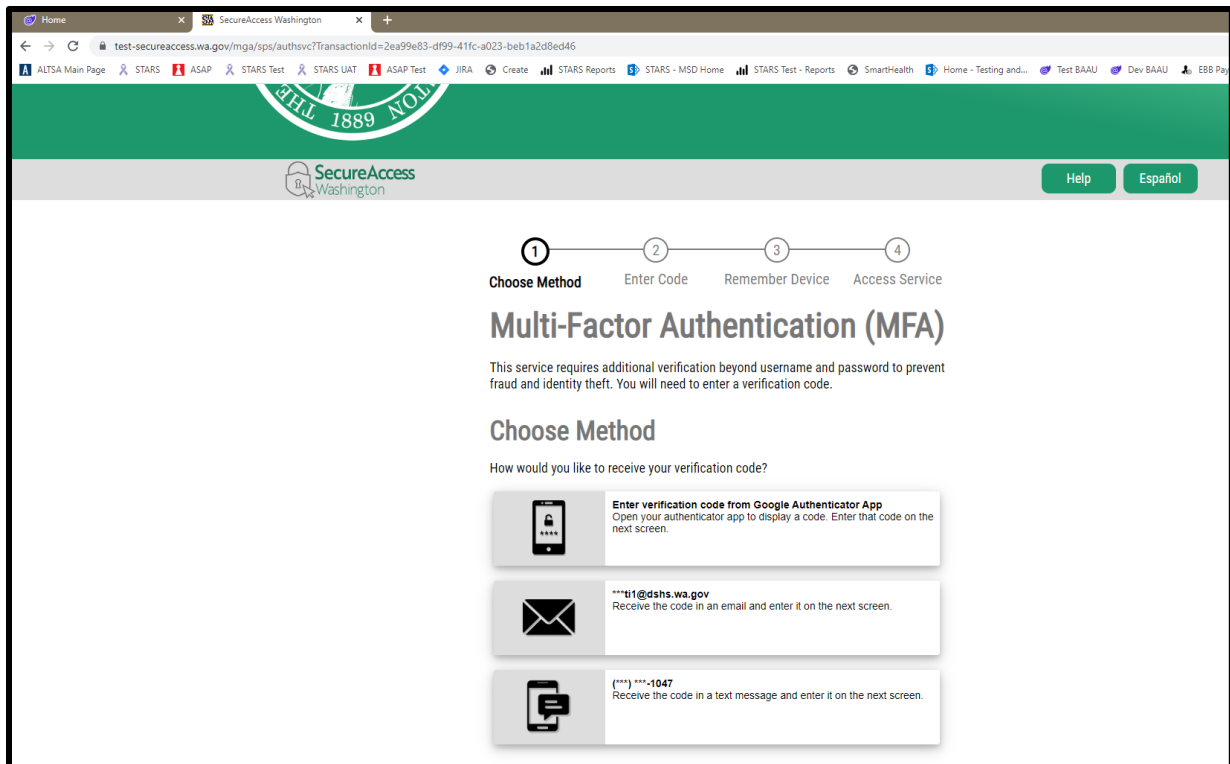
A new tab appears.



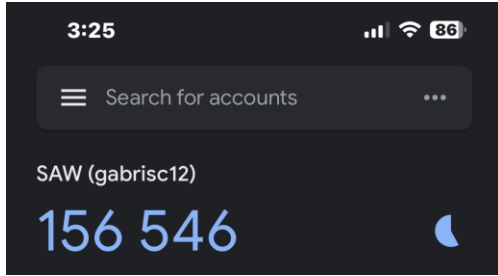
Fill in the *Login* information and click on *Submit*.



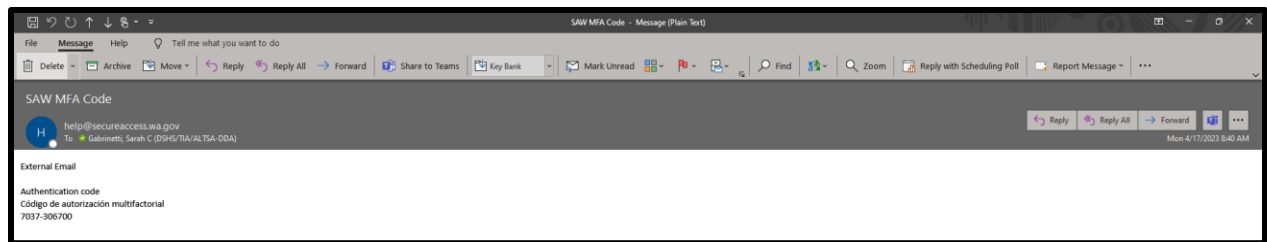
Choose a Multi-Factor Authentication method.



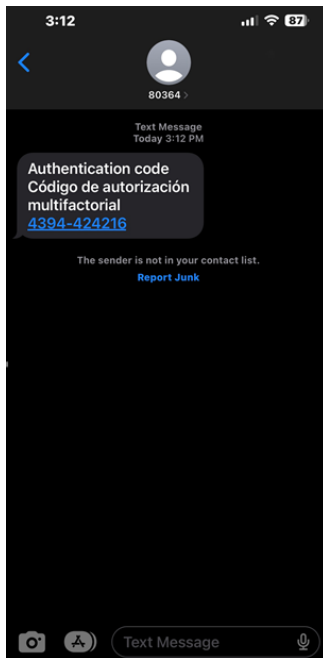
To receive it by an Authenticator App, click on that option.



To receive it by email, click on that option.



To receive it by text message, click on that option.



After selecting an option, enter the code.

A screenshot of a web page for Multi-Factor Authentication (MFA). At the top, a progress bar shows 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 followed by the instruction 'Please enter the code sent to (***) ***-1047'. A text input field contains the number '377389' and is preceded by the number '7224'. To the right of the input field is a green 'Submit' button. Below the input field, there are two links: 'Resend Code' and 'Choose another method'.

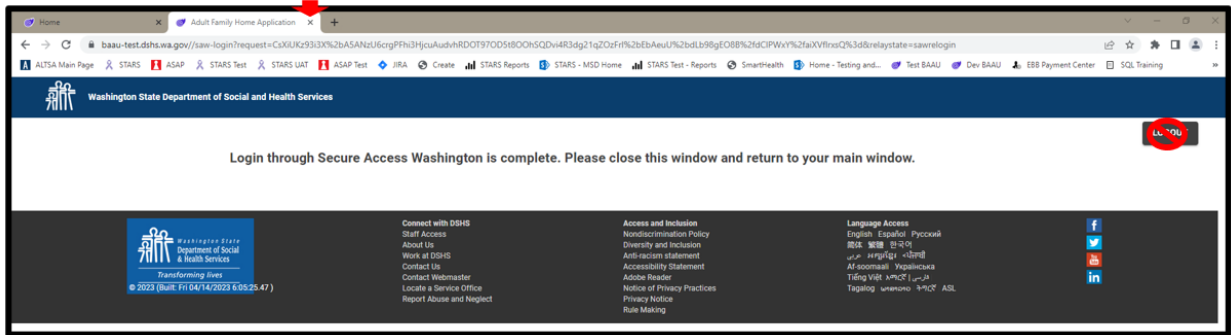
Click *Submit*.

A close-up screenshot of the 'Enter Code' step. The text 'Please enter the code sent to (***) ***-1047' is visible above a text input field containing '377389' and the number '7224'. A green 'Submit' button is highlighted with a red arrow pointing to it.

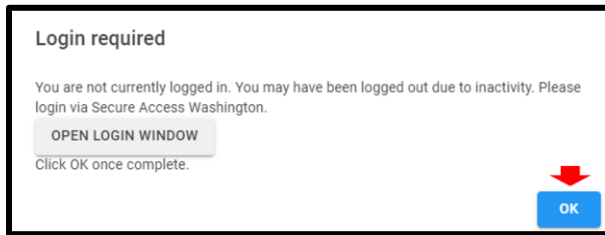
Check the checkbox to remember the device and click on *Submit*.

A screenshot of the 'Remember Device' step in the MFA process. The top of the page features a green banner with 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 is a navigation bar with the 'SecureAccess' logo and 'Washington' text on the left, and 'Help' and 'Español' buttons on the right. A progress bar at the top shows four steps: 1. Choose Method, 2. Enter Code, 3. Remember Device (highlighted), and 4. Access Service. The main heading is 'Multi-Factor Authentication (MFA)'. Below this is the heading 'Remember Device?' followed by the instruction 'Choose to remember this device to reduce how often you are required to enter a verification code.' and a note: 'If the device you are using is shared or public, we recommend you do not remember this device.' There is a checkbox labeled 'Yes, remember my device' which is checked. A green 'Submit' button is at the bottom, with a red arrow pointing to it.

The SAW website will redirect back to the application. Click the “X” to close the second tab.
Note: Do not click on *Logout*.

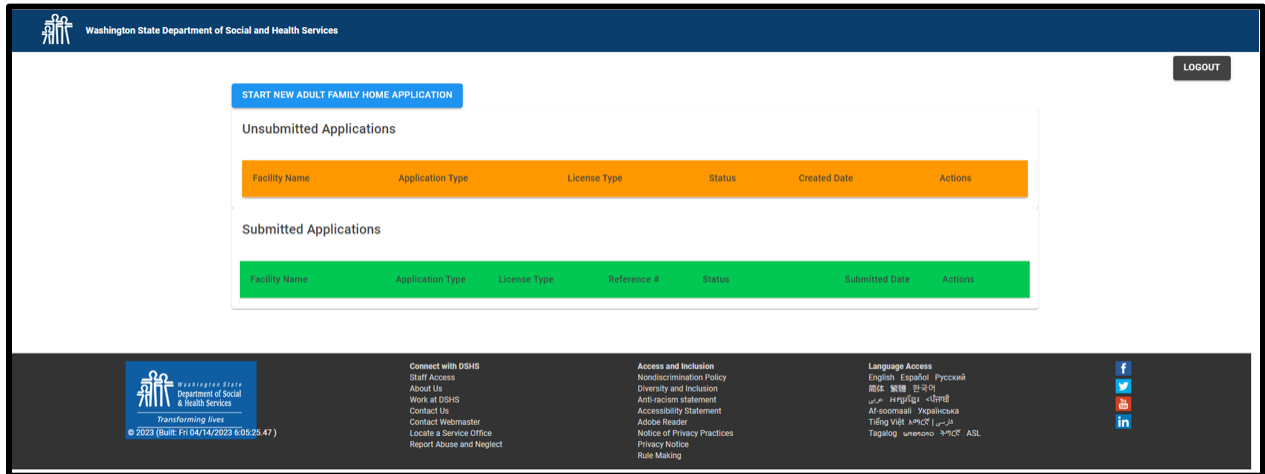


On the main window, click on *OK*.



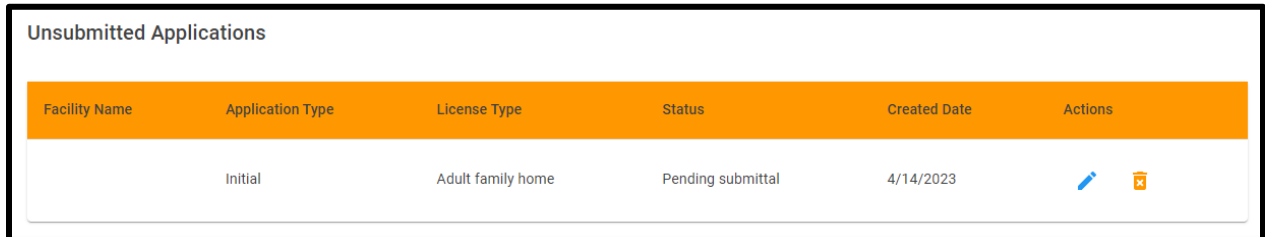
Chapter 2: Home Page

The *Home* page displays the status of the application.

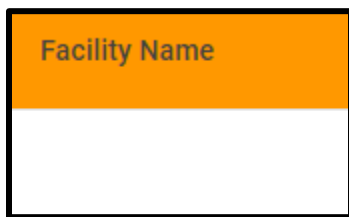


A. Unsubmitted Applications

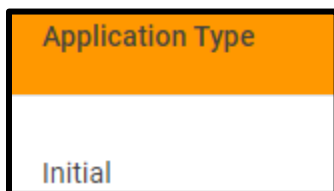
The *Unsubmitted Applications* section displays the unsubmitted application.



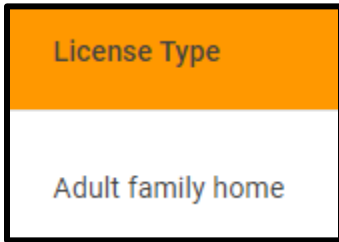
The *Facility Name* populates the name of the adult family home.



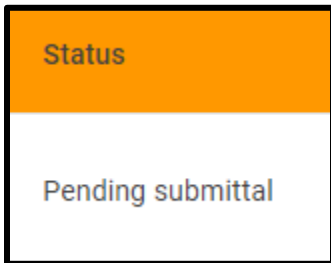
The *Application Type* show the application type.



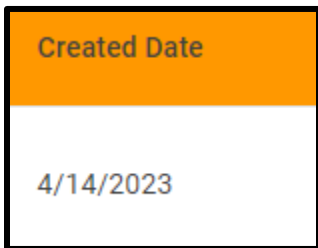
The *License Type* will default to *Adult family home*.



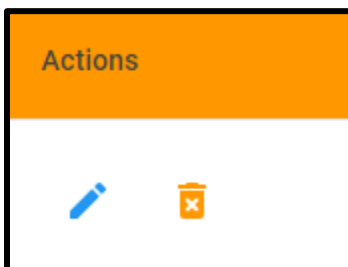
The *Status* will default to *Pending submittal*.



The *Created Date* will be the date the application was created or the date the department sent the application back for changes.



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



B. Submitted Applications

The *Submitted Applications* section displays the submitted application.

Submitted Applications						
Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions

The *Facility Name* shows the name of the Adult Family Home.

Facility Name
Test AFH

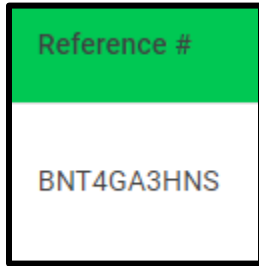
The *Application Type* shows the type of application submitted.

Application Type
Initial

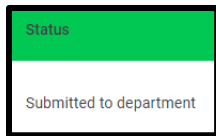
The *License Type* will be *Adult family home*.

License Type
Adult family home

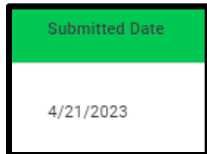
The *Reference #* is the confirmation number receive after the application is submitted.



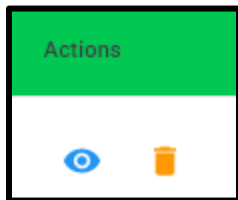
The *Status* will either be *Submitted to department* or *Withdrawn*.



The *Submitted Date* is the date application was submitted.



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



C. Logging Out

Click on *Logout* to log out of the application.



D. Start New Adult Family Home Application Button

The *Start New Adult Family Home Application* button is how the application is started.



START NEW ADULT FAMILY HOME APPLICATION

Chapter 3: Creating an Adult Family Home Application

Click *Start New Adult Family Home Application*.

[START NEW ADULT FAMILY HOME APPLICATION](#)

The *Application Screening Questions* page appears.

Washington State Department of Social and Health Services

[CANCEL APPLICATION](#)

LOGOUT

Are you or any household member currently employed by the Department of Social and Health Services (DSHS)?
 Yes No

Are you or any household member currently employed by Aging and Long-Term Support Administration (AL TSA)?
 Yes No

Does the DSHS employment involve authorizing payments or involve placement for any resident's care and services in an Adult Family Home?
 Yes No

Have you completed your Adult Family Home Orientation class?
 Yes No

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

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

Application Type

Initial
Change of Ownership
Relocation Only

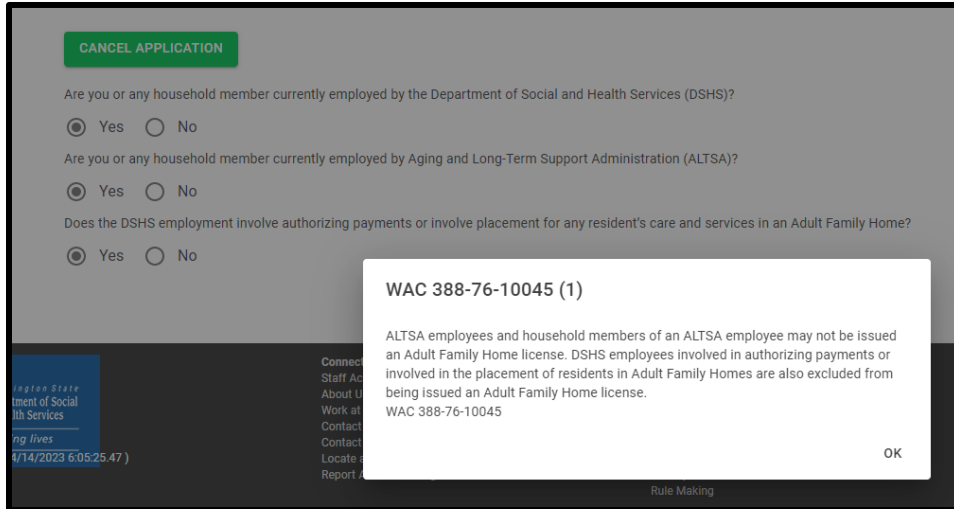
A. Cancel Application Button

Click *Cancel Application* to go back to the *Home* page.

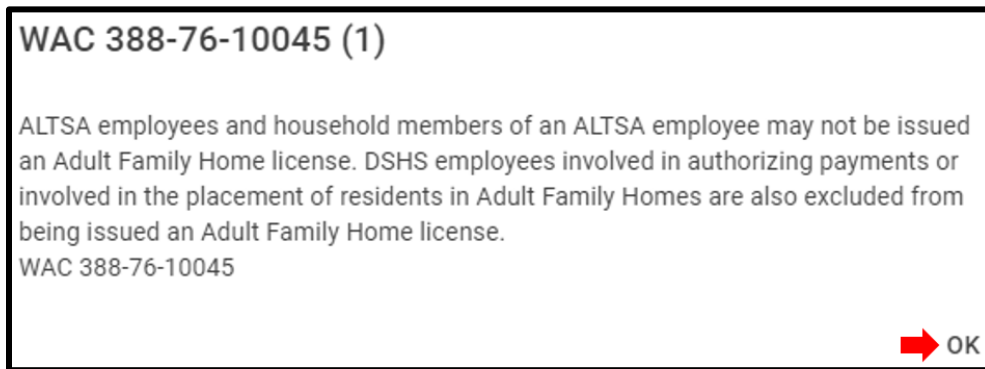
[CANCEL APPLICATION](#)

B. DSHS Employee Questions

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



Click OK.



Click *Cancel Application*.



C. Additional Prerequisite Questions

Answer the questions regarding:

1. Adult Family Home Orientation class
2. Adult Family Home Administrator training
3. Passed the Building Inspection Checklist

Have you completed your Adult Family Home Orientation class?

Yes No

Have you completed your Adult Family Home Administrator training?

Yes No

Have you received a "passing" Building Inspection checklist?

Yes No

If “No” is selected, complete the acknowledgement message.

Adult Family Home Orientation Class Acknowledgement

The screenshot shows a web form with three questions. The first question, "Have you completed your Adult Family Home Orientation class?", has "No" selected. An "Acknowledgement" pop-up window is displayed over the form. The pop-up text reads: "You are required to complete an Adult Family Home Orientation Class and provide a copy of your certificate of completion in order to submit an Adult Family Home application for licensure. Please review [WAC 388-76-10060](#) and go to [AFH On-line Orientation Class Registration](#) to sign up for a class if you have not already." Below this text is a checked checkbox with the text "Please click here to acknowledge you have read and understand this" and an "OK" button.

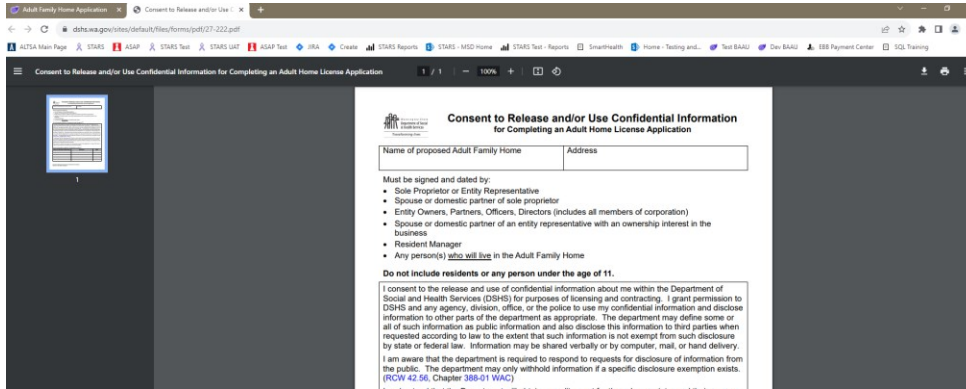
Adult Family Home Administrator Training Acknowledgement

The screenshot shows a web form with two questions. The first question, "Have you completed your Adult Family Home Administrator training?", has "No" selected. An "Acknowledgement" pop-up window is displayed. The pop-up text reads: "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 to get more information around signing up for a class." Below this text is a checked checkbox with the text "Please click here to acknowledge you have read and understand this" and an "OK" button.

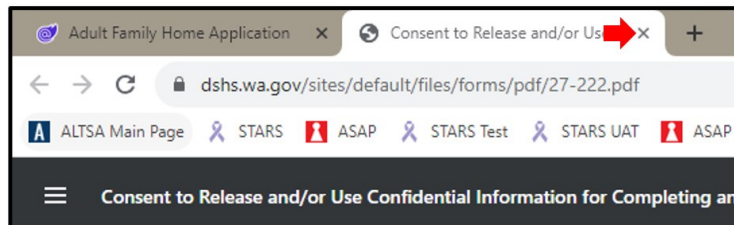
“Passing” Building Inspection Checklist Acknowledgement

The screenshot shows a web form with one question, "Have you received a 'passing' Building Inspection checklist?", which has "No" selected. An "Acknowledgement" pop-up window is displayed. The pop-up text reads: "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." Below this text is a checked checkbox with the text "Please click here to acknowledge you have read and understand this" and an "OK" button.

The link will open in a new tab.

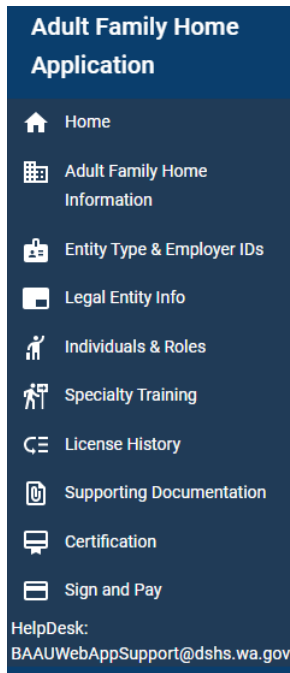


Click on the “X” to close the second tab and get back to the application.



F. Side Menu

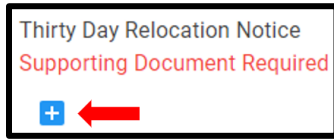
The side menu include links to the *Home* page and the various pages of the application.



Chapter 4: How to Upload Supporting Documentation

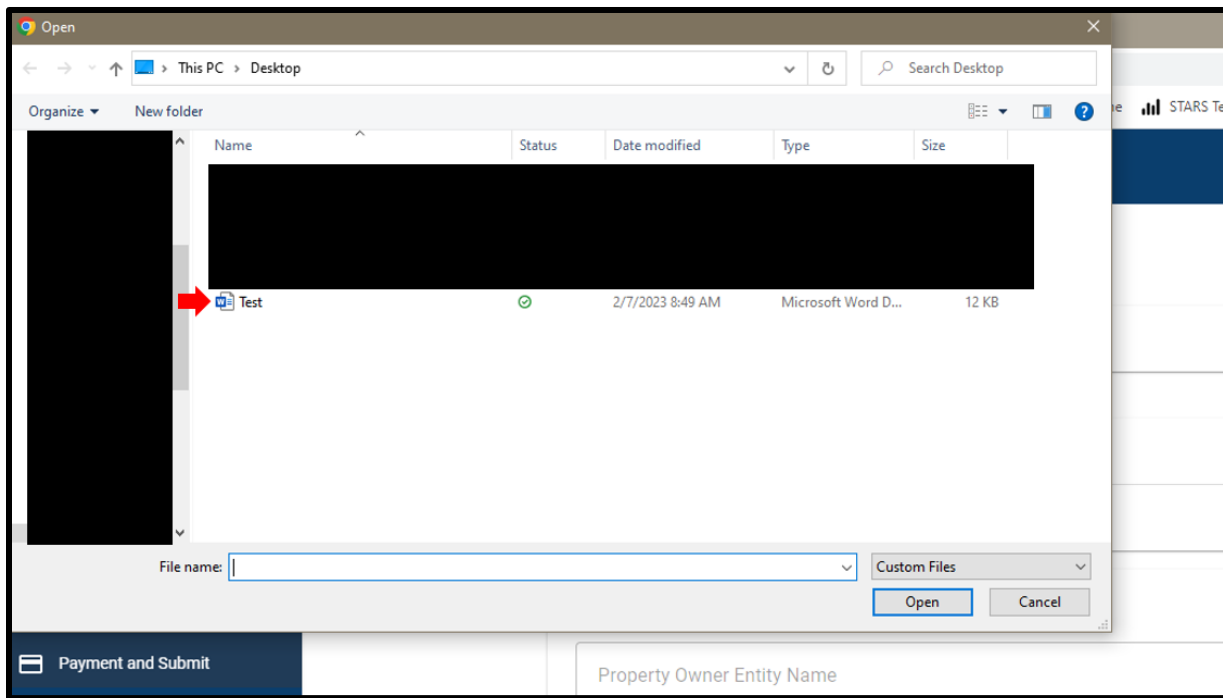
Throughout the application supporting documentation will be uploaded.

Click on the “+” button.

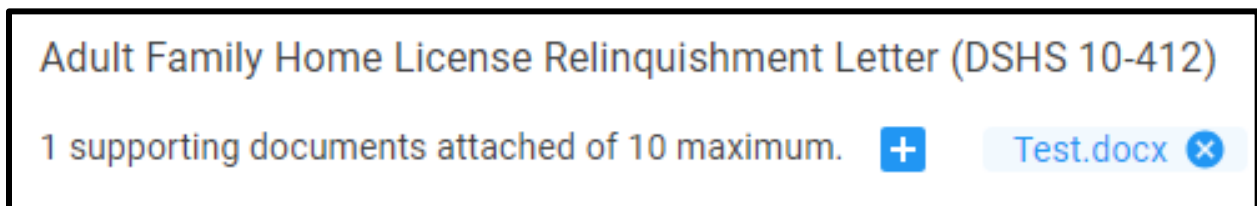


Note: Only file types JPEG, PNG, JPG, GIF, TIFF, .doc, .docx, .rtf, .xls, .xlsx, .csv, and PDF can be uploaded.

Locate the file and select it.






The file will upload to the page.



Click on the document name to view it.



Adult Family Home License Relinquishment Letter (DSHS 10-412)


1 supporting documents attached of 10 maximum.  Test.docx 



Click on the “x” to delete it.



Adult Family Home License Relinquishment Letter (DSHS 10-412)


1 supporting documents attached of 10 maximum.  Test.docx 



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

Adult Family Home License Relinquishment Letter (DSHS 10-412)

1 supporting documents attached of 10 maximum.  Test.docx 



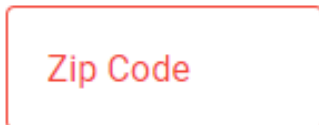
Chapter 5: Application Pages

The application pages are:

- 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

Things to Remember

- The page currently be worked on must be completed and saved before the next page is available.
- Not all pages may need to be completed.
- A required field becomes red with a message if missed or when the page is saved.



Zip Code

The Zip Code field is required.

- The *Save and Continue* button displays different messages if something required is missed.

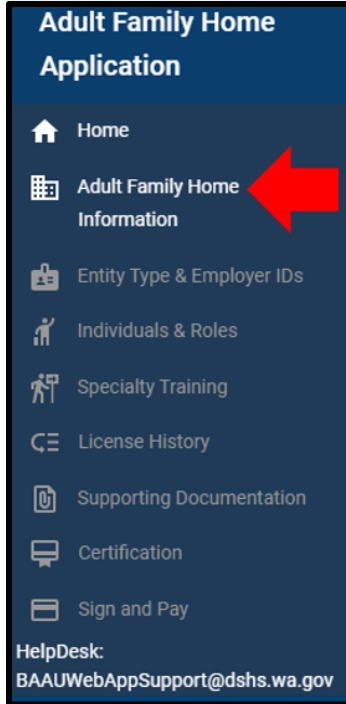


- If there are issues with the web application, click on the help email in the side menu (BAAUWebAppSupport@dshs.wa.gov) and include the following in the email.
 - The application type.
 - The page being worked on.
 - The error that was received.
 - Preferred method of contact, email, phone, etc.

A. Adult Family Home Information

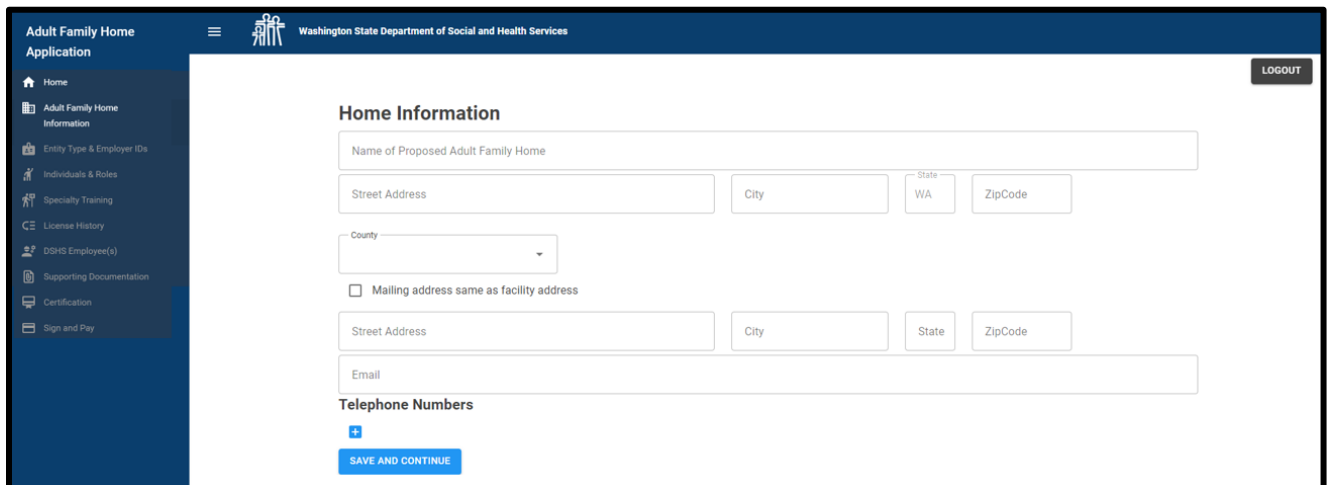
On this page, complete the adult family home information.

Click on the link in the side menu.



Initial

Initial application fields.



A screenshot of the 'Home Information' form in the 'Adult Family Home Application'. The form is white with a dark blue header and sidebar. The header includes the Washington State Department of Social and Health Services logo and a 'LOGOUT' button. The sidebar is the same as in the previous image. The form fields are: 'Name of Proposed Adult Family Home' (text input), 'Street Address' (text input), 'City' (text input), 'State' (dropdown menu with 'WA' selected), and 'ZipCode' (text input). Below these is a 'County' dropdown menu and a checkbox for 'Mailing address same as facility address'. Further down are another set of 'Street Address', 'City', 'State', and 'ZipCode' fields, followed by an 'Email' text input. At the bottom, there is a 'Telephone Numbers' section with a plus sign icon and a 'SAVE AND CONTINUE' button.

Change of Ownership

Change of Ownership application fields.

The screenshot shows the 'Change of Ownership' application form. The left sidebar contains navigation links: Home, Adult Family Home Information, Entity Type & Employer IDs, Individuals & Roles, Specialty Training, License History, Supporting Documentation, Certification, and Sign and Pay. The main content area is titled 'Home Information' and includes the following fields:

- Name of Proposed Adult Family Home (text input)
- Street Address (text input), City (text input), State (dropdown menu with 'WA' selected), ZipCode (text input)
- County (dropdown menu)
- Mailing address same as facility address
- Street Address (text input), City (text input), State (dropdown menu), ZipCode (text input)
- Email (text input)

Below the Home Information section is the 'Telephone Numbers' section, which contains two entries:

- Adult Family Home Relinquishment Letter (Supporting Document Required) with a plus icon to add more.
- Sixty Day Change of Owner Notice (Supporting Document Required) with a plus icon to add more.

A 'SAVE AND CONTINUE' button is located at the bottom of the form.

Relocation Only

Relocation Only application fields.

The screenshot shows the 'Relocation Only' application form. The left sidebar is identical to the 'Change of Ownership' form. The main content area is titled 'Current Adult Family Home Information' and includes the following fields:

- Current Adult Family Home Name (text input)
- Current Adult Family Home License (text input)
- Street Address (text input), City (text input), State (dropdown menu with 'WA' selected), Zip Code (text input)
- County (dropdown menu)
- Thirty-Day Relocation Notice to Residents (WAC 388-76-10110) (Supporting Document Required) with a plus icon to add more.

Below the Current Adult Family Home Information section is the 'Home Information' section, which includes the following fields:

- Name of Proposed Adult Family Home (text input)
- Street Address (text input), City (text input), State (dropdown menu with 'WA' selected), Zip Code (text input)
- County (dropdown menu)
- Mailing address same as facility address
- Street Address (text input), City (text input), State (dropdown menu), Zip Code (text input)
- Email (text input)

Below the Home Information section is the 'Telephone Numbers' section, which contains one entry:

- Supporting Document Required with a plus icon to add more.

A 'SAVE AND CONTINUE' button is located at the bottom of the form.

Supporting Documentation

This table shows a list of which documents are required to submit the application.

Document Type	Application Type		
	Initial	Relocation Only	Change of Ownership
Thirty-Day Relocation Notice to Residents (WAC 388-76-10110)		x	
Adult Family Home License Relinquishment Letter (DSHS 10-412)			x
Sixty-Day Change of Owner Notice to Residents (WAC 388-76-10106)			x

The department will let the applicant know if they need to submit any other documents after the application has been submitted.

For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

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



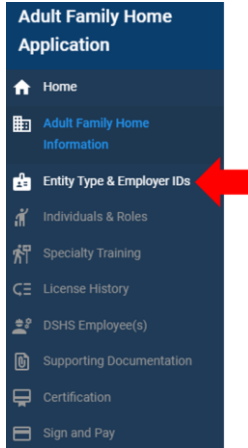
A “Saved” message appears in the upper right-hand corner of the screen.



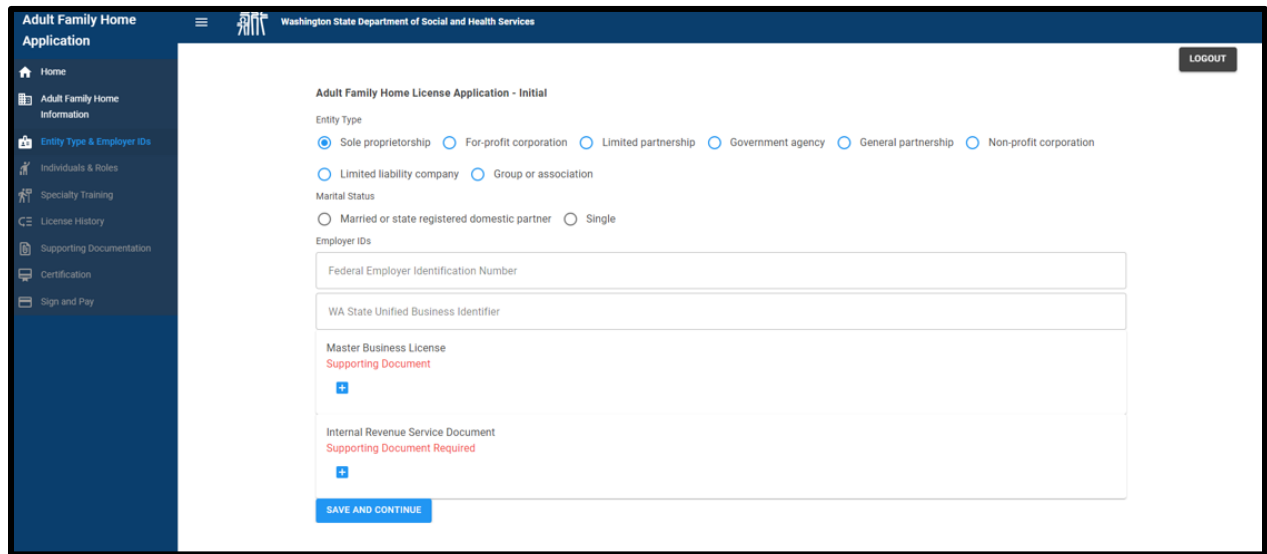
B. Entity Type & Employer IDs

On this page, indicate the type of entity the application for.

Click on the link in the side menu.

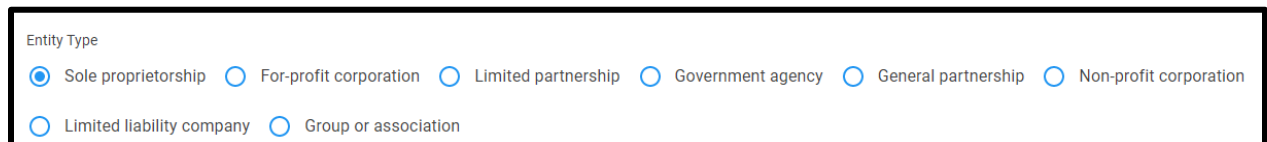


The page will appear.



Entity Type

Select the entity type.



Marital Status

Complete the *Marital Status* section if *Sole Proprietorship* is selected.

Marital Status

Married or state registered domestic partner Single

Co-Applicant

Completed the co-applicant question if they applicant is married or has a state registered domestic partner.

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

Yes No

Employer IDs

Complete the *Federal Employer Identification Number* (limited to 9 digits) and *Washington State Unified Business Identifier* (limited to 9 digits).

Employer IDs

Federal Employer Identification Number

WA State Unified Business Identifier

Supporting Documentation

This table shows a list of which documents are required to submit the application.

Document Type	Entity Type							
	Sole Proprietorship	For-profit Corporation	Limited Partnership	Government Agency	General Partnership	Non-profit Corporation	Limited Liability Company	Group or Association
Secretary of State Document								
Master Business License								
Internal Review Service Document	X	X	X	X	X	X	X	X

The department will let the applicant know if they need to submit any other documents after the application has been submitted.

For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

Click *Save and Continue*.

SAVE AND CONTINUE

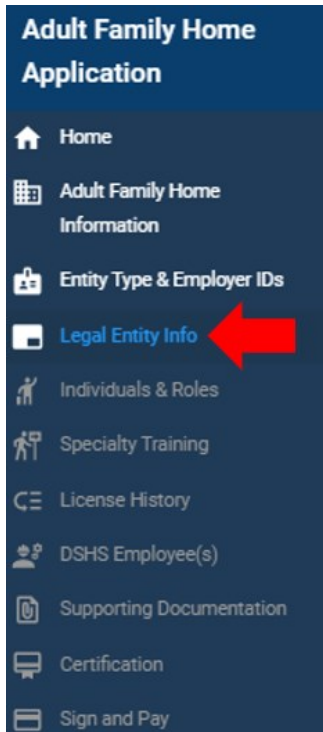
A “Saved” message appears in the upper right-hand corner of the screen.



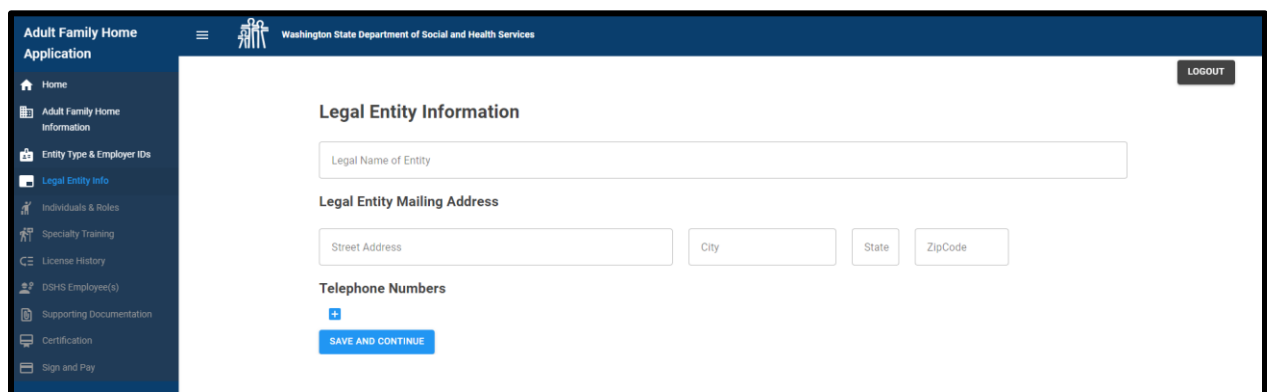
C. Legal Entity Info

This page will display for entity types other than sole proprietor.

Click on the link in the side menu.



The page will appear.

A screenshot of the 'Legal Entity Information' page. The page has a dark blue header with the 'Adult Family Home Application' logo and the Washington State Department of Social and Health Services logo. A 'LOGOUT' button is in the top right. The main content area is white and contains the following sections: 'Legal Entity Information' with a text input field for 'Legal Name of Entity'; 'Legal Entity Mailing Address' with four input fields for 'Street Address', 'City', 'State', and 'ZipCode'; and 'Telephone Numbers' with a plus sign icon and a 'SAVE AND CONTINUE' button.

Click *Save and Continue* after completing the page.



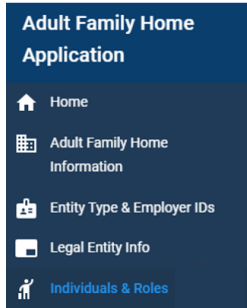
A “Saved” message appears in the upper right-hand corner of the screen.



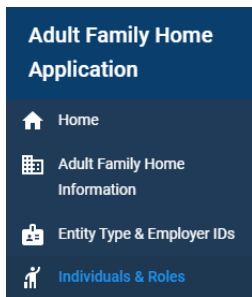
D. Individuals & Roles

On this page, list all individuals involved in the adult family home, including what role they will have.

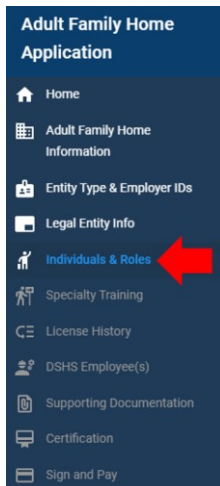
The page will either appear after the *Legal Entity Info* page if it was completed.



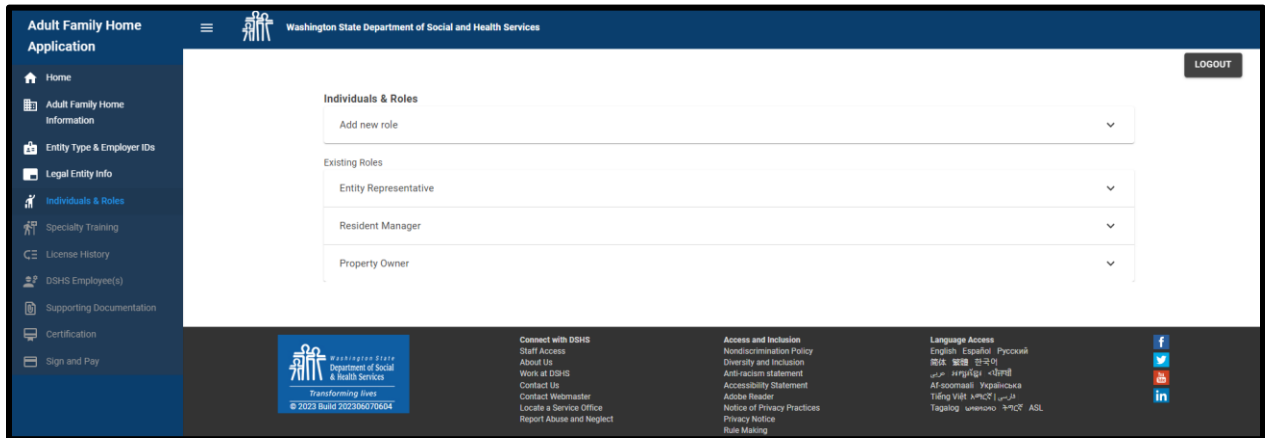
Or after the *Entity Type & Employer IDs* page is completed if the *Legal Entity Info* page was not completed.



Click on the link in the side menu.



The page appears.



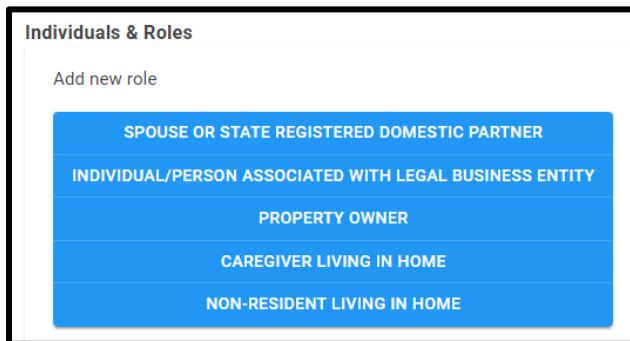
Roles

Add New Role

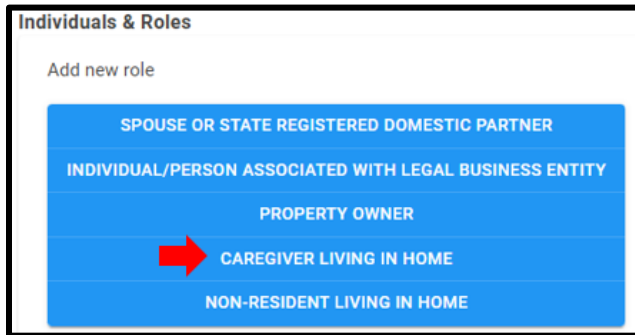
To add additional roles, click on the down arrow.



A list of available roles to select from will appear. This list is based on how other pages have been completed.



Click on the role to select it.



It populates in the *Existing Roles* section.



Existing Roles

Required roles will display in the *Existing Roles* section based on how other pages have been completed.

These are the required roles for a non-profit corporation.



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

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

Note: a spouse or domestic partner of an entity representative needs to be added if they will be taking an interest in the adult family home.

Buttons

Click the down arrow for the role to view the buttons. Some buttons will appear after the person has been added to the role.

Existing Roles

Sole Proprietor ▶

Add Person

Click on *Add Person* to add the details.



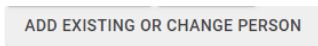
Edit Person

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.

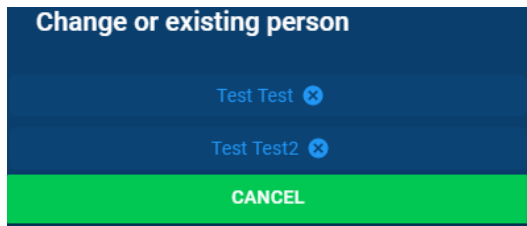


Add Existing or Change Person

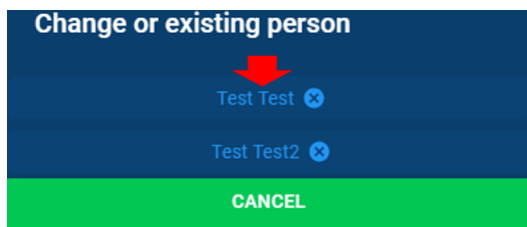
Click the *Add Existing or Change Person* to add an existing person or change a person.



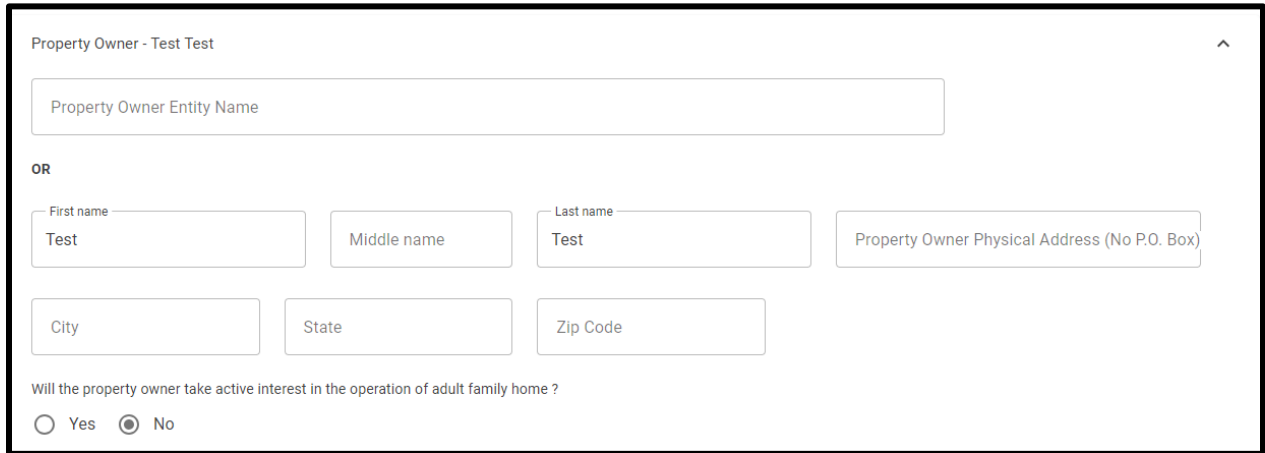
The *Change or existing person* panel appears to the right of the screen.



Click on the person's name.



The fields become editable with any corresponding fields completed from the role the person is already associated to.



Property Owner - Test Test

Property Owner Entity Name

OR

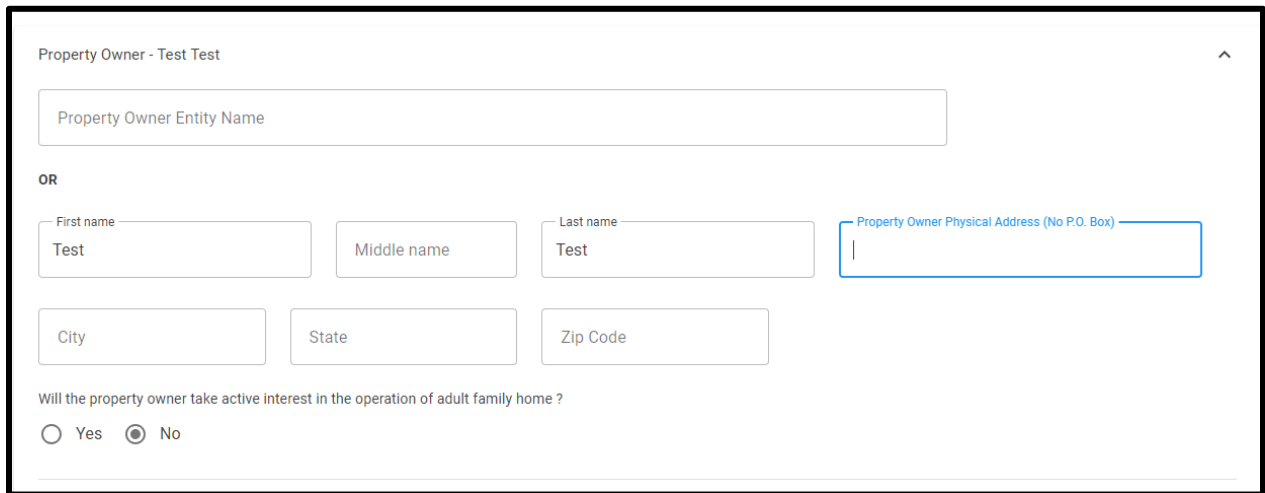
First name: Test Middle name: Last name: Test Property Owner Physical Address (No P.O. Box)

City: State: Zip Code:

Will the property owner take active interest in the operation of adult family home ?

Yes No

Complete the rest of the fields before saving the person.



Property Owner - Test Test

Property Owner Entity Name

OR

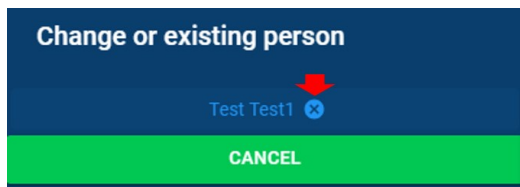
First name: Test Middle name: Last name: Test Property Owner Physical Address (No P.O. Box)

City: State: Zip Code:

Will the property owner take active interest in the operation of adult family home ?

Yes No

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



Upload Supporting Documentation

Upload the supporting documentation for that role. The applicant needs to save the person first before they click on *Upload Supporting Documentation*.

UPLOAD SUPPORTING DOCUMENTATION

This table shows a list of which documents are required to submit the application.

Document Type	Application Type								
	Initial	Relocation Only	Change of Ownership	Resident Manager	Individual/Person Associated with Legal Business Entity	Spouse or State-registered Domestic Partner	Caregiver Living in home	Non-resident Living in Home	Property Owner
Adult Family Home Orientation Certificate									
Adult Family Home Administrator Training Certificate	X	X	X						
Government Issued ID	X	X	X						
Proof of Education - WAC 388-76-10130(2)									
Adult Family Home Caregiving Experience Attestation (Form DSHS 10-417)									
First Aid/CPR Certificate(s)									
Washington State Food WorkerCard									
Home Care Aide Certification or Proof of Exemption - WAC 246-980-025									
Background Check Authorization (DSHS 09-653)	X	X	X	X	X	X	X	X	X
DSHS Fingerprint Results									
Property Owner Written Statement									

The department will let the applicant know if they need to submit any other documents after the application has been submitted.

For additional instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

Save Person

Click *Save Person* to save the information.

SAVE PERSON

Cancel

Click *Cancel* to not save the changes.

CANCEL

Delete Role

Click *Delete Role* to delete the role.

DELETE ROLE

Save and Continue

Click *Save and Continue* to save the page.

SAVE AND CONTINUE

List of Roles and Required Fields

The following is a list of all the roles and their required fields.

Sole Proprietor

<input type="text" value="First name"/> <small>The First Name field is required.</small>	<input type="text" value="Middle name"/>	<input type="text" value="Last name"/> <small>The Last Name field is required.</small>	<input eye="" icon="" type="text" value="Social security number" with=""/> <small>The SSN field is required</small>
<input eye="" icon="" type="text" value="Date of birth" with=""/> <small>Not a valid date of birth</small>	<input type="text" value="Email"/>		

The sole proprietor must be 21 years old.

<input eye="" icon="" type="text" value="Date of birth" with=""/> 04/05/19 <small>Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old</small>

Entity Representative

<input type="text" value="First name"/> <small>The First Name field is required.</small>	<input type="text" value="Middle name"/>	<input type="text" value="Last name"/> <small>The Last Name field is required.</small>	<input eye="" icon="" type="text" value="Social security number" with=""/> <small>The SSN field is required</small>
<input eye="" icon="" type="text" value="Date of birth" with=""/> <small>Not a valid date of birth</small>			

The entity representative must be 21 years old.

<input eye="" icon="" type="text" value="Date of birth" with=""/> 04/05/19 <small>Sole Proprietor, Individual/Person Associated with Legal Business Entity, Entity Representative, Resident Manager or Co-Applicant must be at least 21 years old</small>

Individual/Person Associated with Legal Business Entity

<input type="text" value="First name"/> <small>The First Name field is required.</small>	<input type="text" value="Middle name"/>	<input type="text" value="Last name"/> <small>The Last Name field is required.</small>	<input arrow="" dropdown="" type="text" value="Title" with=""/> <small>The Title field is required</small>
<input eye="" icon="" type="text" value="Social security number" with=""/> <small>The SSN field is required</small>	<input eye="" icon="" type="text" value="Date of birth" with=""/> <small>Not a valid date of birth</small>	<input arrows="" down="" type="text" up="" value="% Ownership" with=""/> <small>The % Ownership field is required</small>	

The individual/person associated with legal business entity must be 21 years old.

Date of birth

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

Resident Manager

First name Middle name Last name Social security number

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth Email

Not a valid date of birth

The resident manager must be 21 years old.

Date of birth

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

Spouse or State-registered Domestic Partner

First name Middle name Last name Social security number

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth Email

Not a valid date of birth

Co-applicant

First name Middle name Last name Social security number

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth Email

Not a valid date of birth

The co-applicant must be 21 years old.

Date of birth

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

Caregiver Living in Home

First name Middle name Last name Social security number

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth Email

Not a valid date of birth

Non-resident Living in Home

First name Middle name Last name Social security number

The First Name field is required. The Last Name field is required. The SSN field is required

Date of birth Email

Not a valid date of birth

Note: Individuals under the age of 11 do not need to be listed. The system will not allow you to save the person if they are under the age of 11.

Property Owner

Property Owner Entity Name

Either Entity Name or First/Last Name is required

OR

First name Middle name Last name

Either Entity Name or First/Last Name is required. Either Entity Name or First/Last Name is required

Property Owner Physical Address City State Zip Code

The Property Owner Physical Address field is required. The City field is required. The State field is required. The Postal Code field is required.

Will the property owner take active interest in the operation of adult family home ?

Yes No

If the property owner is added first and not be taking an active interest in the adult family home, they cannot be added to another role.

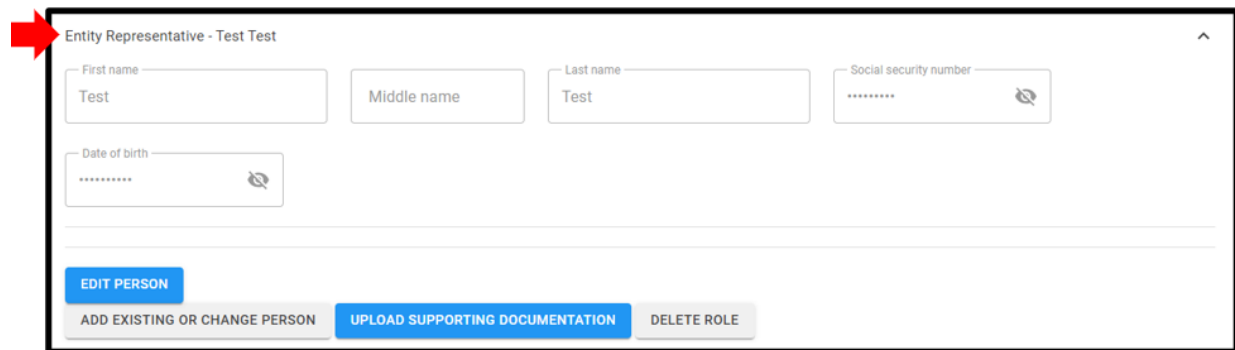
Will the property owner take active interest in the operation of adult family home ?

Yes No

However, if a property owner is added to another role first, they will need to be deleted from the other role if determined they will not be taking an active interest in the adult family home.

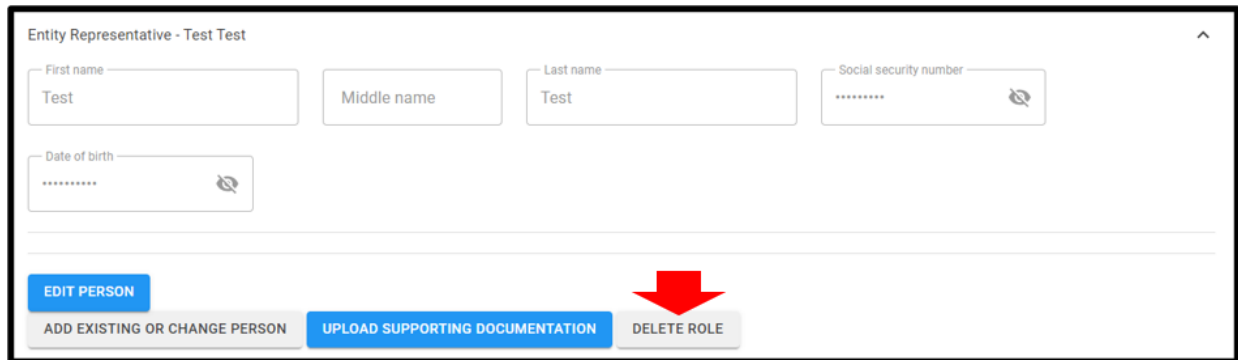
For example, Test Test is added as the entity representative. Test Test is then added as the property owner. It is decided later Test Test will not be taking an active interest in the home. Test Test needs to be deleted from the entity representative role.

Go to the Entity Representative role.



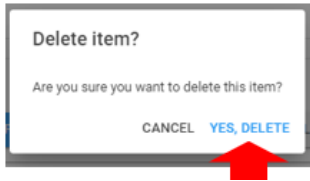
The screenshot shows a web form titled "Entity Representative - Test Test". The form contains several input fields: "First name" (containing "Test"), "Middle name", "Last name" (containing "Test"), "Social security number" (containing "*****"), and "Date of birth" (containing "*****"). Below the form are four buttons: "EDIT PERSON" (blue), "ADD EXISTING OR CHANGE PERSON" (grey), "UPLOAD SUPPORTING DOCUMENTATION" (blue), and "DELETE ROLE" (grey). A red arrow points to the title "Entity Representative - Test Test" at the top left of the form.

Click *Delete Role*.



This screenshot is identical to the previous one, showing the "Entity Representative - Test Test" form. However, a red arrow points to the "DELETE ROLE" button at the bottom right of the form.

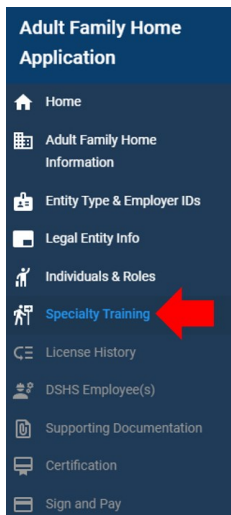
Click *Yes, Delete*.



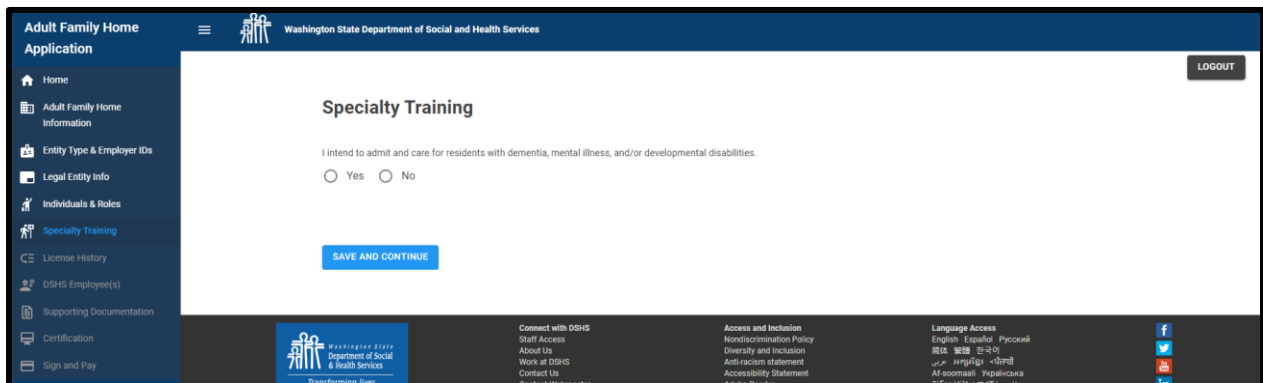
E. Specialty Training

On this page, indicate if residents with dementia, mental illness, and/or developmental disabilities will be admitted and cared for.

Click on the link in the side menu.



Answer the specialty training statement.



Will not be Admitting Residents

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

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

SAVE AND CONTINUE

Will be Admitting Residents

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

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			
	<input type="radio"/> Yes <input type="radio"/> No		
Mental Illness			
	<input type="radio"/> Yes <input type="radio"/> No		
Developmental Disabilities			
	<input type="radio"/> Yes <input type="radio"/> 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

Dementia

Yes No

Mental Illness

Yes No

Developmental Disabilities

Yes No

[SAVE AND CONTINUE](#)

Sole Proprietor Certificates
(Test Test)

Supporting Documentation

Click *Yes* to indicate the specialty.

Dementia

Yes No

Mental Illness

Yes No

Developmental Disabilities

Yes No

Upload the documentation for that specialty type.

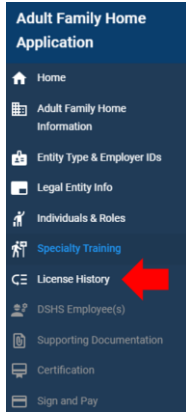
Sole Proprietor Certificates (testasdf asdfuyhj)	Co-applicant Certificates (testasdfq adsofihujadi hjk)	Resident Manager Certificates (test test)
Dementia Training Certificate Supporting Document Required +	Dementia Training Certificate Supporting Document Required +	Dementia Training Certificate Supporting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

For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

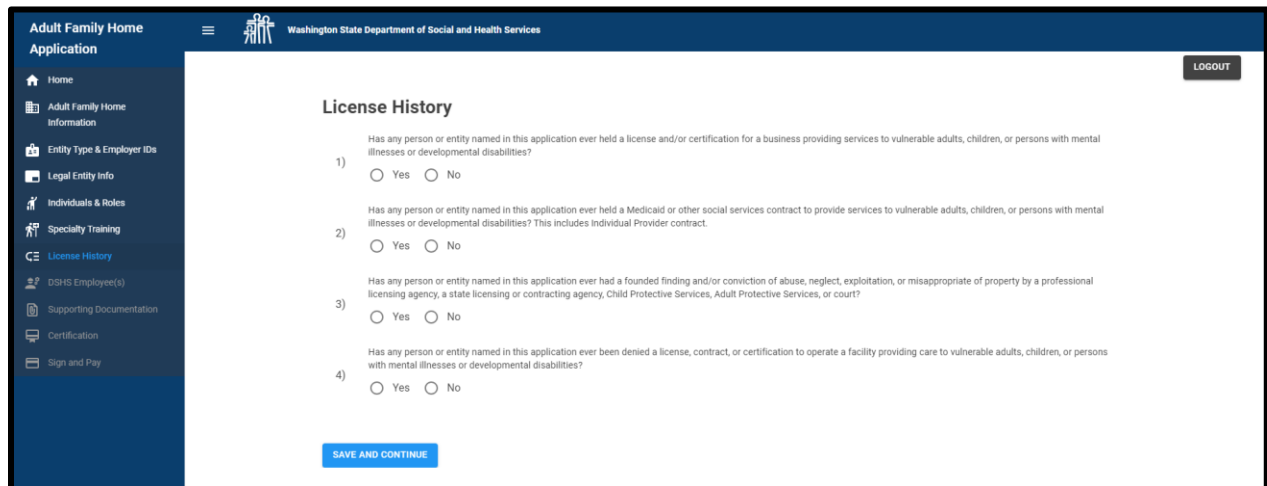
F. License History

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

Click on the link in the side menu.



Answer the questions.

A screenshot of the 'License History' page in the 'Adult Family Home Application'. The page header includes the Washington State Department of Social and Health Services logo and a 'LOGOUT' button. The main content area contains four questions, each with 'Yes' and 'No' radio button options:

- 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

A 'SAVE AND CONTINUE' button is located at the bottom of the form.

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

License History

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?

1) Yes No

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?

1a) Yes No

Was the license and/or certification not renewed when notified by the state agency of initiation of denial, suspension, cancellation, or revocation?

1b) Yes No

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.

2) Yes No

Was the Medicaid contract or Medicare provider agreement revoked, terminated, cancelled, suspended, or not renewed?

2a) Yes No

Complete the fields.

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

Adding Additional Individual or Entity

Click *Save and Continue*.


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

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

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

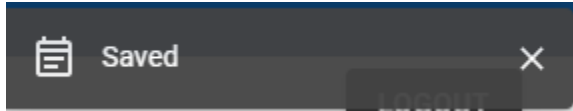
Facility Physical Address City State Zip Code

Type of Finding and/or Conviction

Click *Save and Continue*.



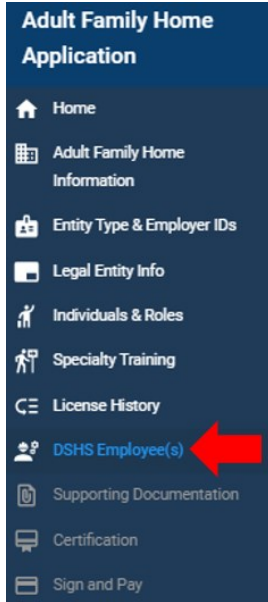
A “Saved” message appears in the upper right-hand corner of the screen.



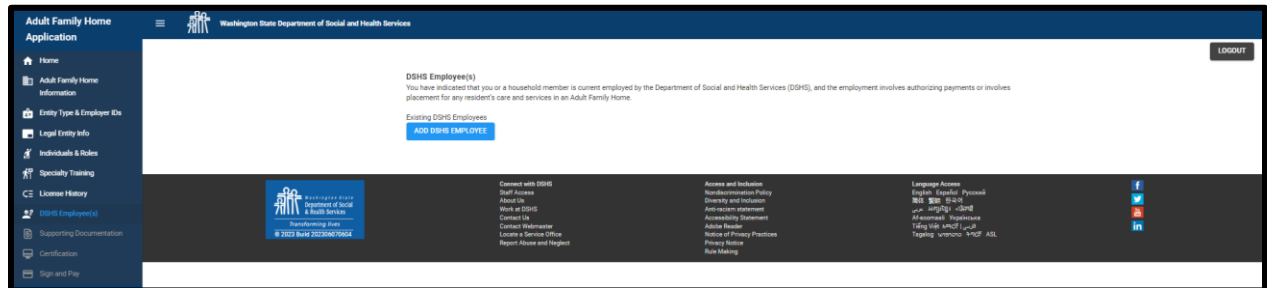
G. DSHS Employee(s)

On this page, indicate any household members currently employed by DSHS.

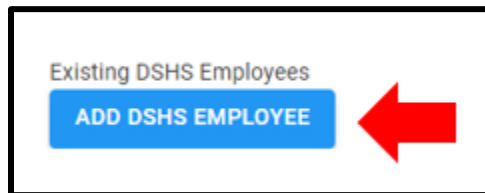
Click on the link in the side menu.



A statement regarding DSHS employment appears.



Click *Add DSHS Employee*.



Complete the fields.

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

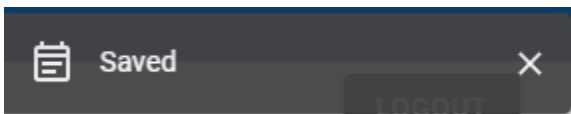
Click *Cancel* to not save the person.



Click *Save Person* to save the information.

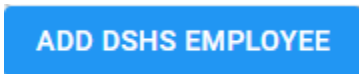


A “Saved” message appears in the upper right-hand corner of the screen.



Adding Additional DSHS Employees

Click *Add DSHS Employee*.



Complete the fields.

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

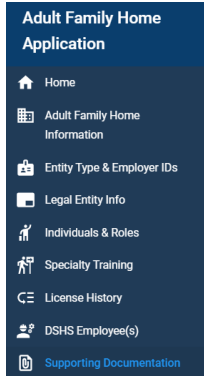
Click *Save Person* to save the information.



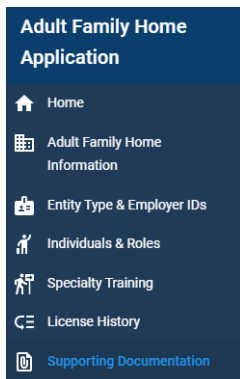
H. Supporting Documentation

On this page, upload additional supporting documents.

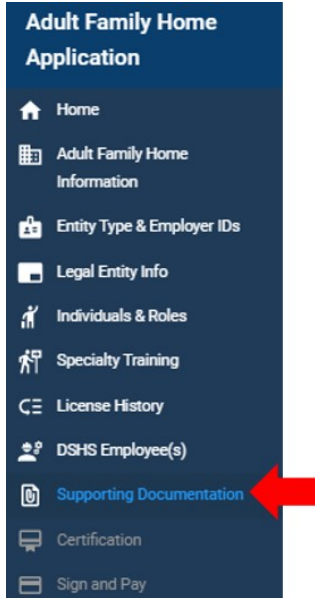
The page will either appear after the *DSHS Employee(s)* page if it was completed.



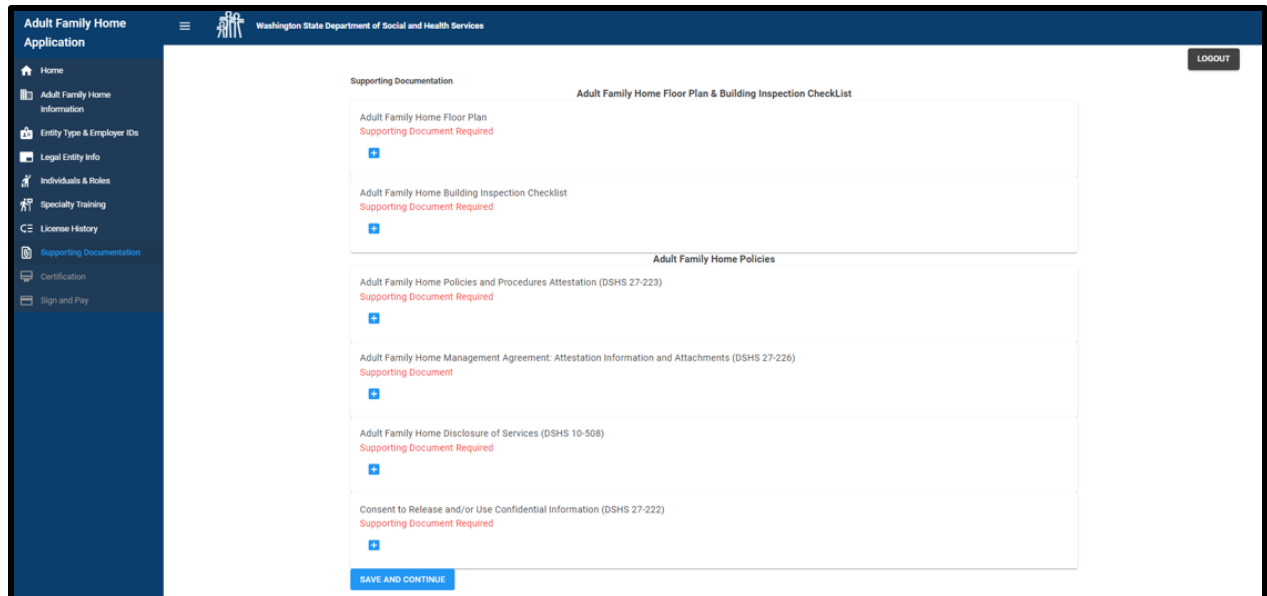
Or after the *License History* page is completed if the *DSHS Employee(s)* page was not completed.



Click on the link in the side menu.



A list of documents will appear.



This table shows a list of which documents are required to submit the application.

Document Type	Application Type		
	Initial	Relocation Only	Change of Ownership
Adult Family Home Floor Plan	X	X	X
Adult Family Home Building Inspection Checklist	X	X	
Adult Family Home Policies and Procedures Attestation (DSHS 27-223)	X	X	X
Adult Family Home Management Agreement: Attestation Information and Attachments (DSHS 27-226)			
Adult Family Home Discloser of Services (DSHS 10-508)	X	X	X
Consent to Release and/or Use Confidential Information (DSHS 27-222)	X	X	X

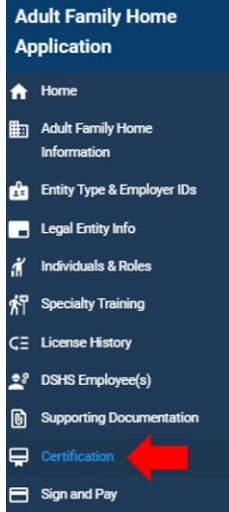
The department will let the applicant know if they need to submit any other documents after the application has been submitted.

For instructions on how to upload the supporting documentation, see [Chapter 4: How to Upload Supporting Documentation](#).

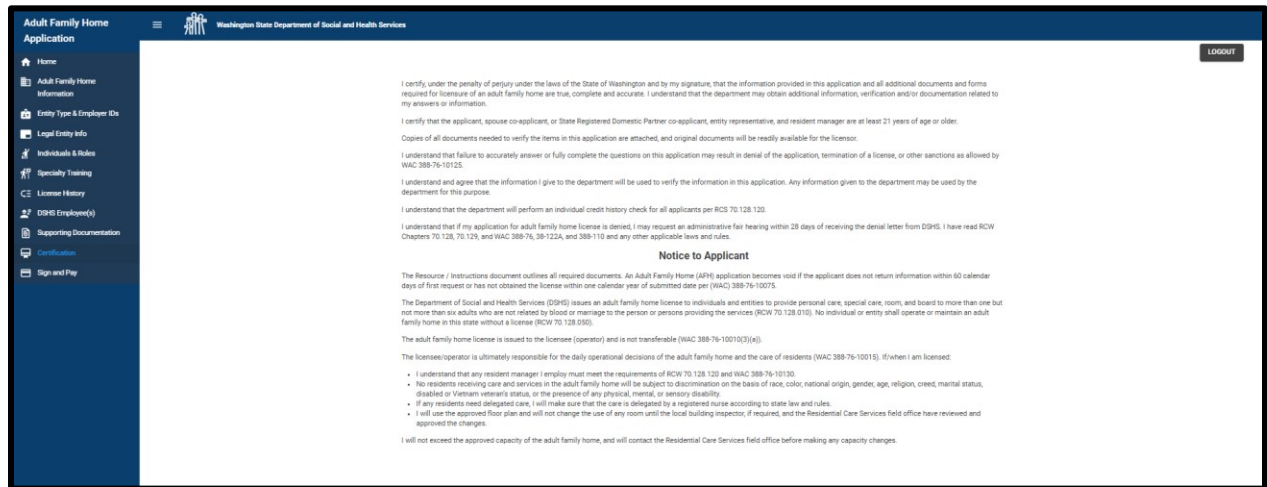
I. Certification

On this page, review the notices.

Click on the link in the side menu.



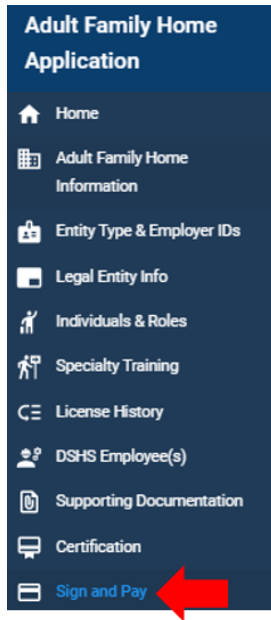
The page appears.



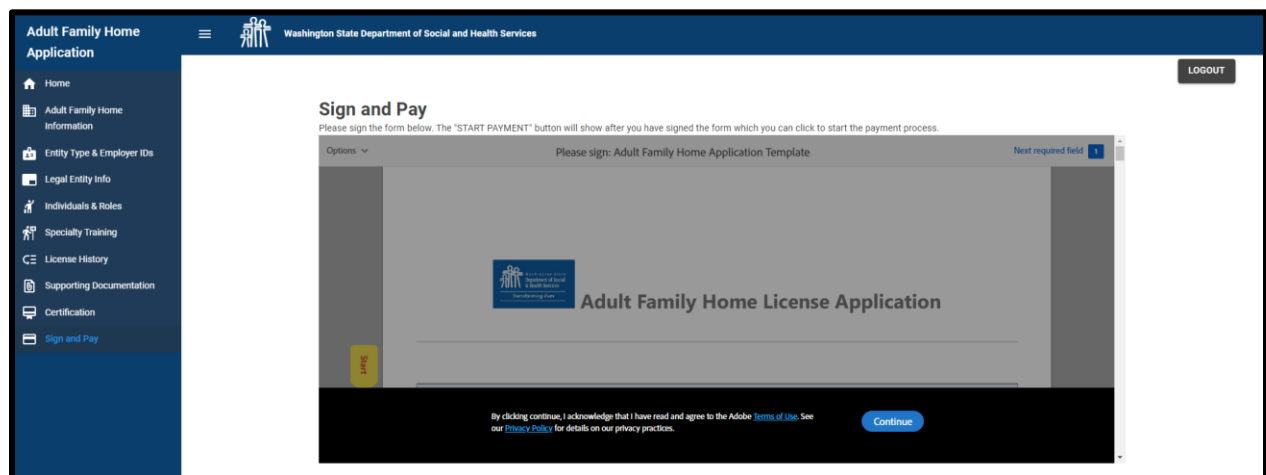
J. Sign and Pay

On this page, sign the application and pay the application fee.

Click on the link in the side menu.



The page appears.



Signing the Application

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 Template Next required field 1

Michigan State Department of Social & Health Services Transforming Lives

Adult Family Home License Application

Start

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

Click on *Start*.

Acrobat Sign Sandbox Learn more

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

Sign Sandbox Test

Adult Family Home License Application

Start

Type of Application:

1 / 7

Select *Click here to sign*.

Acrobat Sign Sandbox Learn more

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
<i>* Click here to sign</i>	
PRINT NAME	

Spouse Co-Provider / SRDP Certification Signature

Next

Sign the application and click *Apply*.

Type Draw

Sign

Test Test

Close Apply Clear

Select *Click to Sign*.

Acrobat Sign Sandbox Learn more

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

office before making any capacity changes.

Applicant Certification Signature

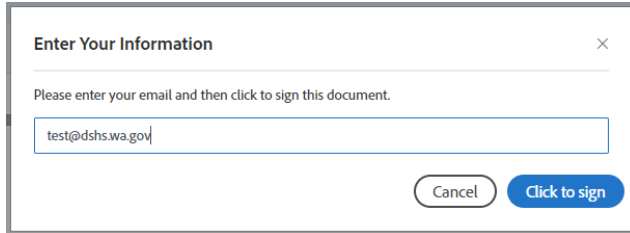
SIGNATURE OF SOLE PROPRIETOR OR ENTITY REPRESENTATIVE	DATE
<i>Test Test</i>	
PRINT NAME	

Spouse Co-Provider / SRDP Certification Signature

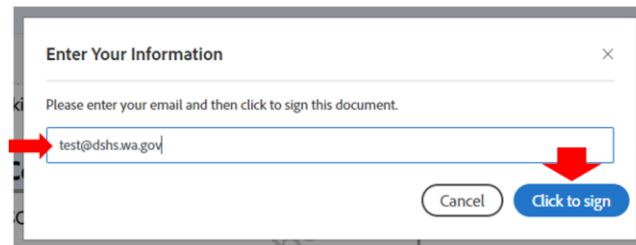
By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HE...

Click to Sign

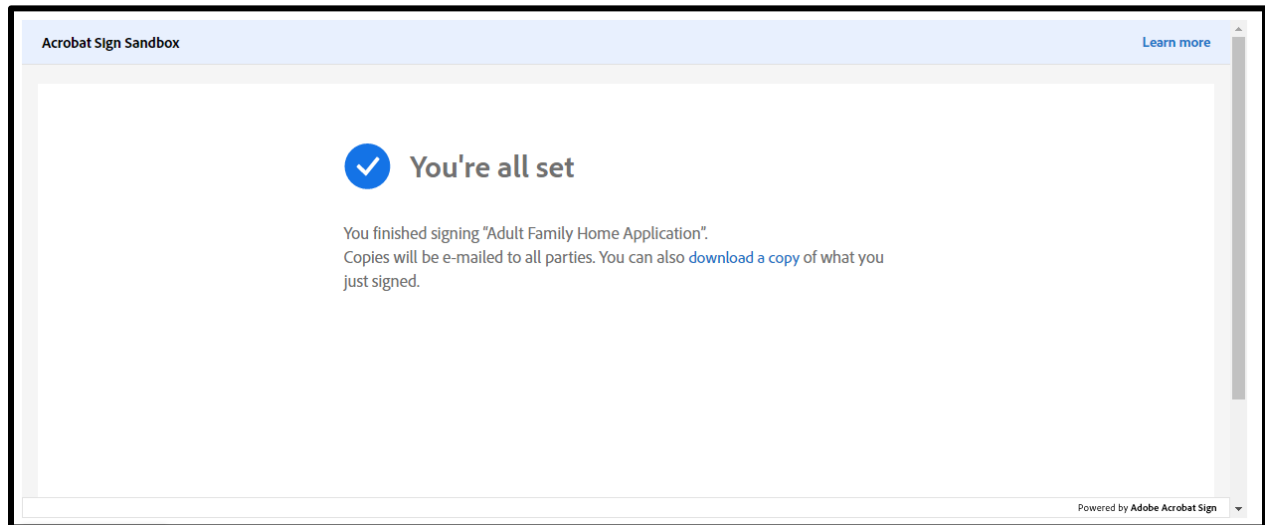
Enter an email address.



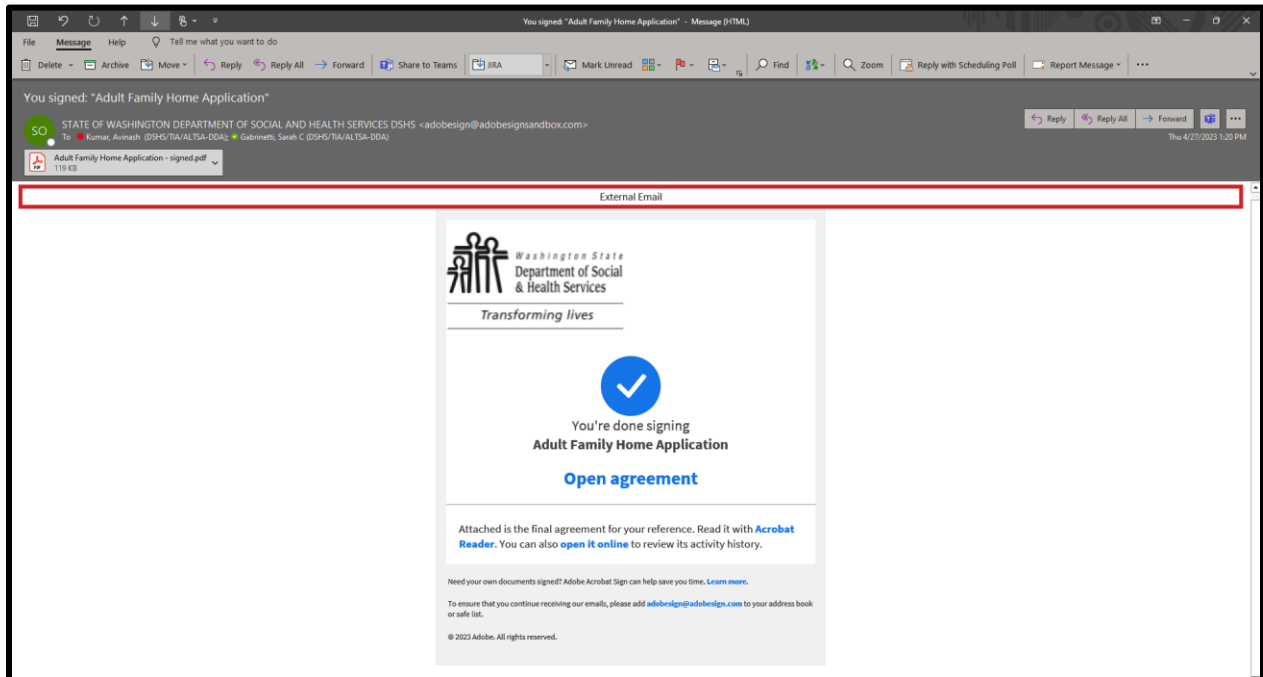
Select *Click to sign*.



A message appears stating the application has been signed.

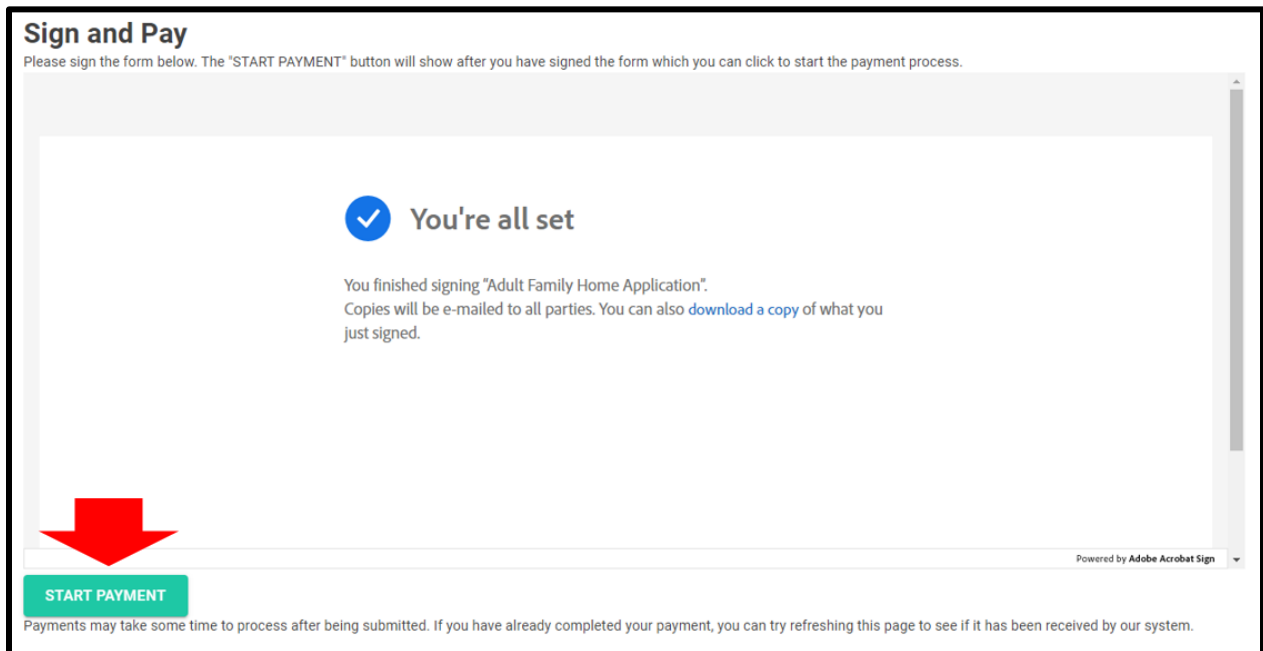


An email will be sent with a PDF version of the application.

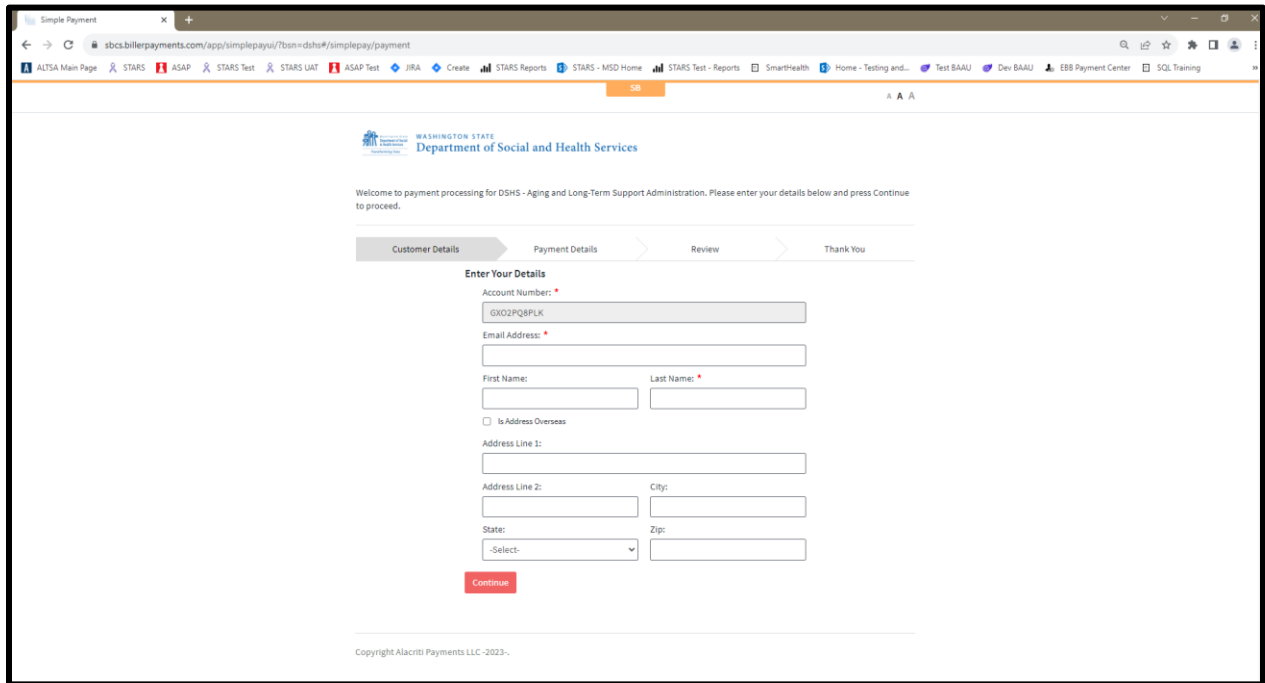


Submitting the Payment

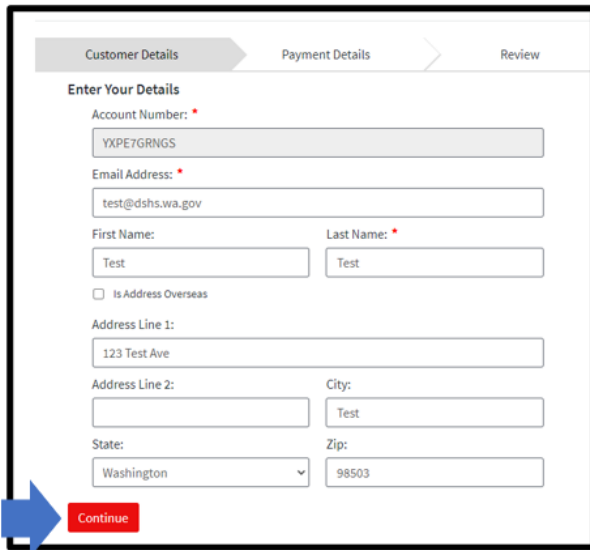
Click *Start Payment*.



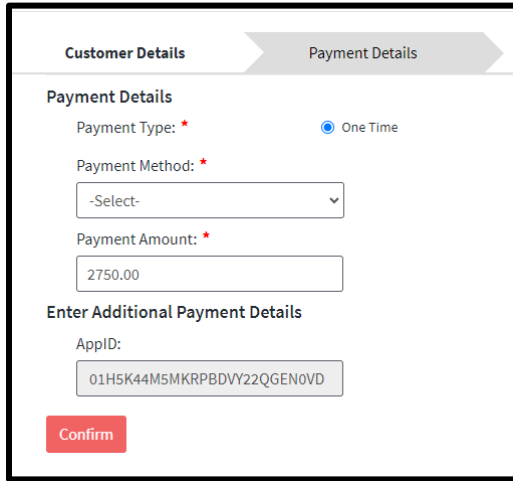
The payment site appears.



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



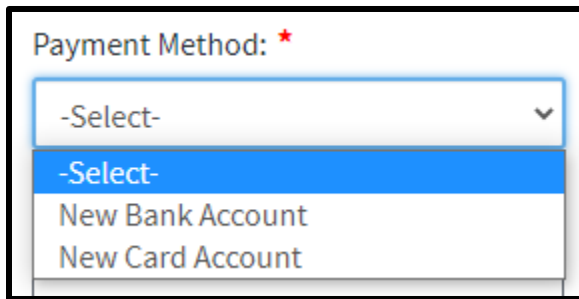
The *Payment Details* tab appears. The payment amount cannot be changed.



The screenshot shows a web interface with two tabs: "Customer Details" and "Payment Details". The "Payment Details" tab is active. It contains the following fields and controls:

- Payment Type:** A radio button labeled "One Time" is selected.
- Payment Method:** A dropdown menu showing "-Select-" with a downward arrow.
- Payment Amount:** A text input field containing "2750.00".
- Enter Additional Payment Details:** A section header.
- AppID:** A text input field containing "01H5K44M5MKRPBDVY22QGEN0VD".
- Confirm:** A red button at the bottom left.

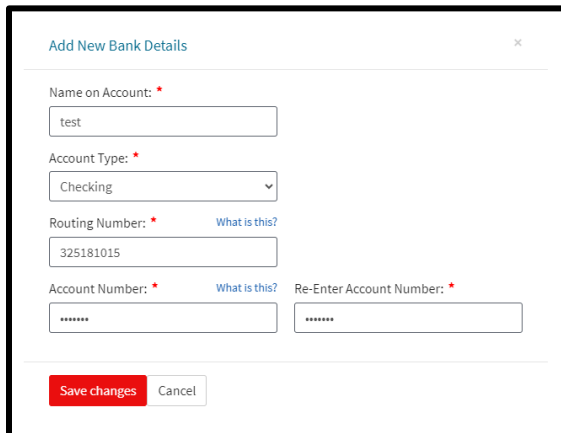
Select the *Payment Method*.



This is a close-up of the "Payment Method" dropdown menu. The menu is open, showing the following options:

- Select- (highlighted in blue)
- New Bank Account
- New Card Account

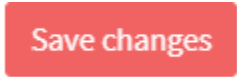
Select *New Bank Account* to enter checking account information.



The screenshot shows a dialog box titled "Add New Bank Details" with a close button (X) in the top right corner. It contains the following fields and controls:

- Name on Account:** A text input field containing "test".
- Account Type:** A dropdown menu showing "Checking".
- Routing Number:** A text input field containing "325181015". A link "What is this?" is next to it.
- Account Number:** A text input field containing "*****". A link "What is this?" is next to it.
- Re-Enter Account Number:** A text input field containing "*****".
- Save changes:** A red button at the bottom left.
- Cancel:** A button at the bottom left.

Save changes.



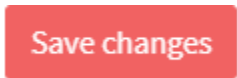
Select *New Card Account* to enter debit/credit card information. There is a 2.9% fee when using a debit or credit card.

The form is titled "Add New Card Details" and contains the following fields:

- Name on Card: * (text input: test test)
- Card Number: * (text input: ***** with a Visa logo)
- Expiration Date: * (text input: 12/23)
- Card Security Code: * (text input: ***) with a link "What is this?"
- Address Details section:
 - Address Line 1: * (text input: 123 Test St)
 - Address Line 2: (text input:)
 - City: * (text input: Olympia)
 - State: * (dropdown menu: Washington)
 - Zip: * (text input: 98502)

At the bottom, there are two buttons: "Save changes" (red) and "Cancel" (white).

Save changes.



Click *Confirm*.

The form has two tabs: "Customer Details" and "Payment Details". The "Payment Details" tab is active.

Payment Details

- Payment Type: * (radio button: One Time)
- Payment Method: (text: Visa Card ending in 9990) with links "Edit" and "Change"
- Payment Date: * (text: 07/17/2023)
- Payment Amount: * (text input: 2750.00)

Enter Additional Payment Details

- AppID: (text input: 01H5K44M5MKRPBDVY22QGEN0VD)

A blue arrow points to a red "Confirm" button at the bottom left.

The *Review* tab appears.

The screenshot shows a payment review screen with four tabs: Customer Details, Payment Details, Review (selected), and Thank You. The Review tab displays the following information:

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:	01HSK44MSMKRPBDVY22QGENOVD

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.

Buttons: **Confirm** (red), **Edit** (grey)

Click *Edit* to make changes.



Click on *Confirm* to not make changes.



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

The screenshot shows the "Thank You" tab selected in a payment system. At the top, it displays the Washington State Department of Social and Health Services logo and name. Below this, a green checkmark icon is followed by a confirmation message:

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>.

The navigation tabs are: Customer Details, Payment Details, Review, and Thank You (selected). The main content area displays the following information:

Confirmation Number:	
Confirmation Number:	INPV5X7FNF

Account Details	
Account Number:	DRTO658IK9
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:	01H6YAHHN413THVQVCST5MAQW

Buttons: **Make Another payment** (grey)

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

WASHINGTON STATE
Department of Social and Health Services
Transforming lives

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>.

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

START NEW ADULT FAMILY HOME APPLICATION

Unsubmitted Applications

Facility Name	Application Type	License Type	Status	Created Date	Actions
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Submitted Applications

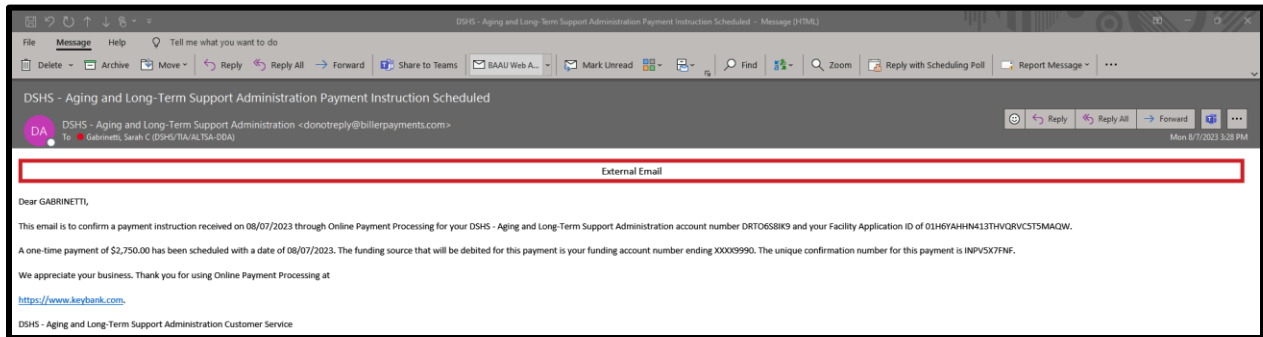
Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions
test	Initial	Adult family home	GCW816FD6N	Submitted to department	7/18/2023	

The application is in the *Submitted Applications* section.

Submitted Applications

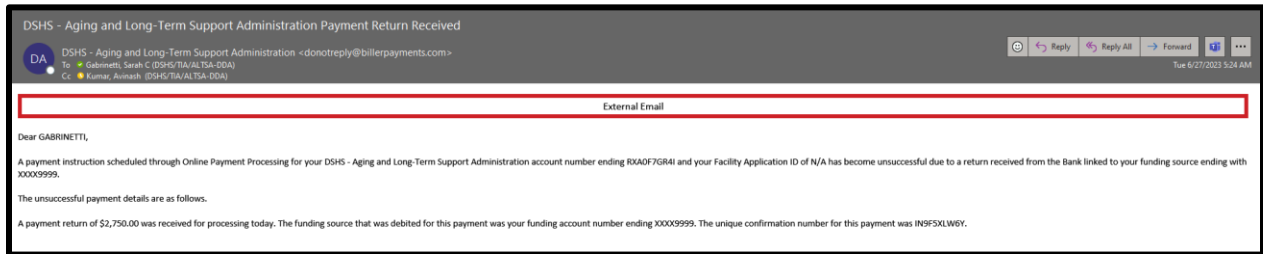
Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions
Test AFH	Initial	Adult family home	BNT4GA3HNS	Submitted to department	4/21/2023	

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



Resubmitting the Payment Due to NSF ACH

An email will be sent if ACH (checking account) was decline due to non-sufficient funds.



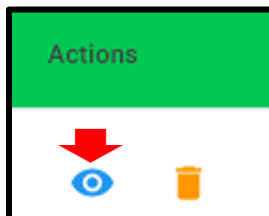
Resubmit the payment using a different checking account or debit/credit card.

Resubmitting the Payment Due to Credit/Debit Card Being Declined

Notification will be immediate if a credit or debit care will be declined. Use a different credit or debit card or payment method to submit payment.

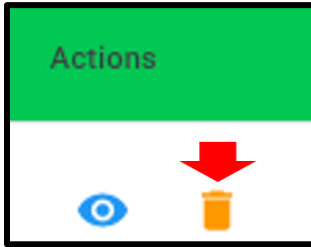
Viewing Submitted Application

Click the “eye” icon to view the application.

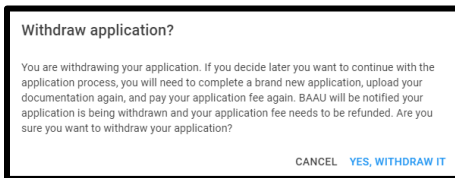


Withdrawing the Application after Submission

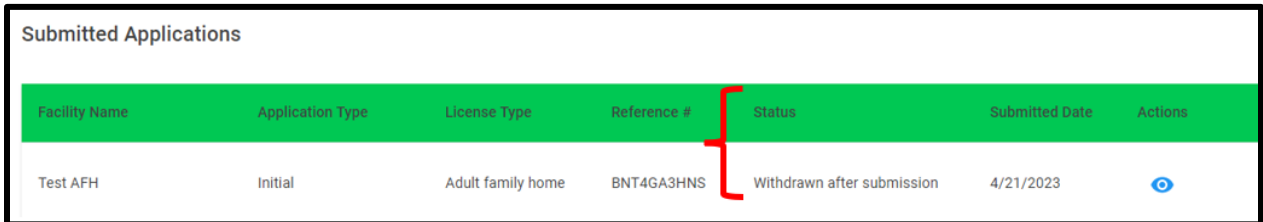
Click the trash can icon to withdraw the submitted application.



The following message appears. Click “Yes, Withdraw It”.



The status of the application will update.



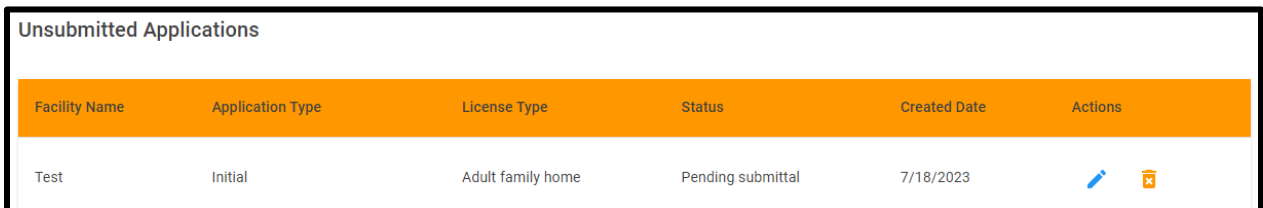
Facility Name	Application Type	License Type	Reference #	Status	Submitted Date	Actions
Test AFH	Initial	Adult family home	BNT4GA3HNS	Withdrawn after submission	4/21/2023	

Notification is sent to the department.

K. Editing Application after Submission

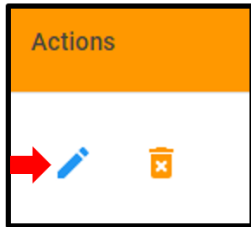
The department will unlock the application and notify the applicant if changes need to be made

The unlocked application will be in the *Unsubmitted Applications* section.

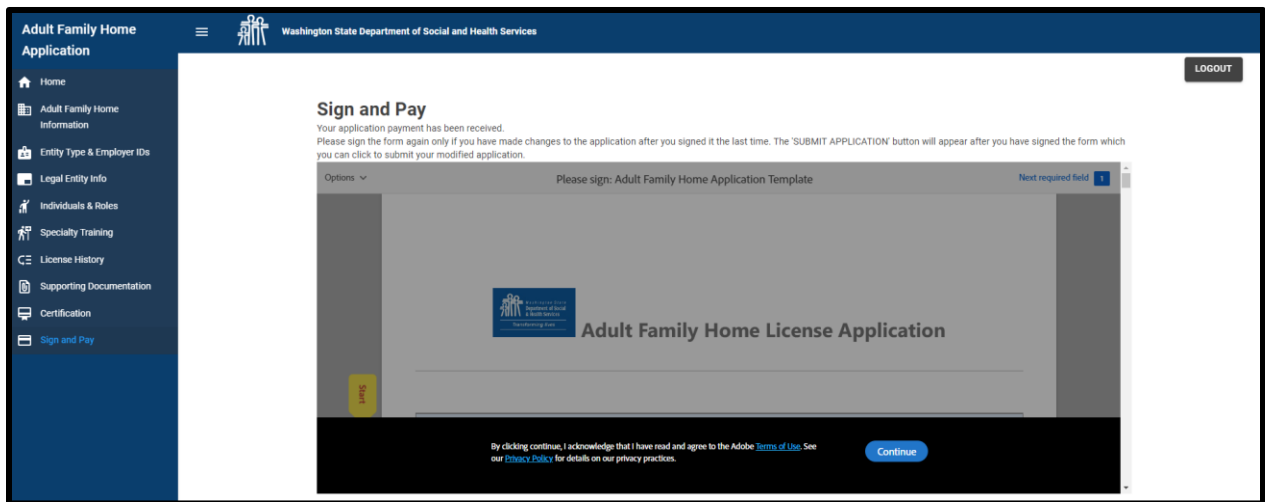


Facility Name	Application Type	License Type	Status	Created Date	Actions
Test	Initial	Adult family home	Pending submittal	7/18/2023	

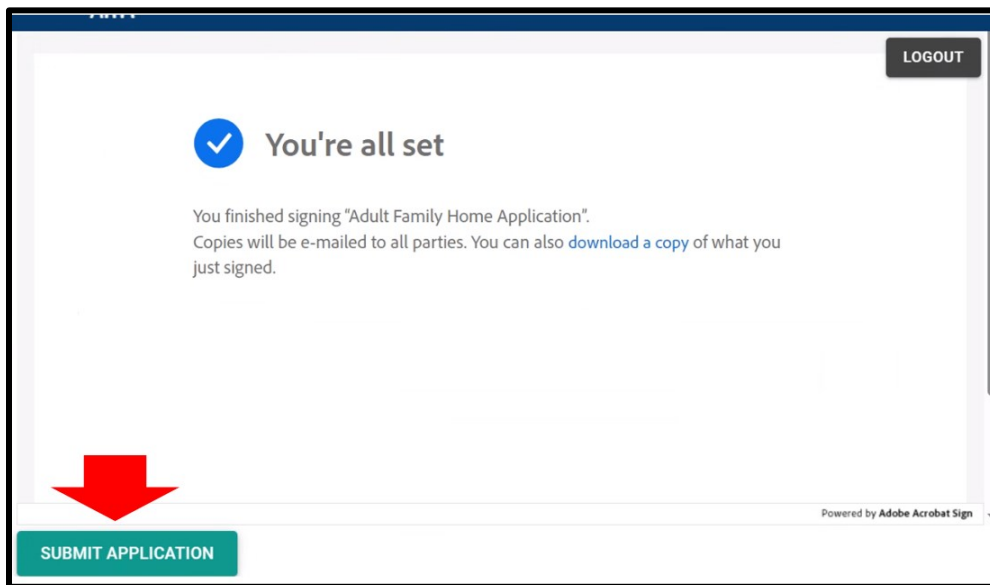
Click the pencil icon.



Make any changes the requested changes and resign the application.



Once it is resigned, resubmit the application.



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