



Residential Treatment Facility License Application Packet

Contents:

1. 505-043....Contents List/Mailing Information 1 Page
2. 505-033....Application Instructions Checklist..... 3 Pages
3. 505-023....Residential Treatment Facility License Application 3 Pages
4. 505-055....Disclosure Statement 1 Page
5. RCW/WAC and Online Website Links 1 Page

Important Information:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Residential Treatment Facility
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

(This page intentionally left blank.)

Application Checklist and Instructions

When your application for a Residential Treatment Facility license is received by the Department of Health, you will be notified in writing of any outstanding documentation or licensing fees needed to complete the application process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Instructions for completing form:

Indicate type of application—Initial, change of ownership, amended, or renewal.

- **Initial**—First time requesting a residential treatment facility license. Please complete entire application. Submit along with:

Disclosure statements, the initial license fee, bed fee, policies and procedures, a completed construction review application and fee, a functional program plan, written approval of the chief of the Washington state patrol, through the director of fire protection and any other information as required by the department.

Renewal— To renew an existing residential treatment facility license. Please fill out the entire form.

Please note: Disclosure statements and criminal history background checks are to be obtained within the previous three months of the application date for the administrator in accordance with WAC 246-337-055.

- **Amended**—Prior to changing any of the service type(s) provided in the facility, number of resident beds, or a change in the administrator an RTF license must be amended.

Please complete section 1. Once complete, fill out only those sections that are to be amended and check “Amended” box at the top of that section. Complete only section 1, the sections to be amended and the signature block. Submit with the administrative fee and other applicable fee(s) specified in WAC 246-337-990.

- NOTE: If changing service type provide policies and procedures in compliance with chapter 71.12 RCW and 246-337 WAC for review and approval by the department.
- NOTE: If changing number of resident beds, location or use of rooms, a change to the physical structure or a change of address, STOP and contact the department’s [Construction Review Services](#) for further instructions. Changes such as these may need CRS approval prior to licensing.
- NOTE: If change to administrator, please provide disclosure statements and criminal history background checks obtained within the previous three months of the application date for the administrator in accordance with WAC 246-337-055.
- **Change of Ownership**— This is required when the name of the legal owner/ operator changes resulting from the sale of licensed residential treatment facility. In the case of a change of ownership it is important to note, an RTF license is not transferable.

New Licensee: Please check “Change of Ownership”, complete the entire form as if an “Initial” application, include in your packet plans for preserving resident records, consistent with WAC 246-337-095 (if there will be a change of the state Uniform Business Identifier Number) and include Initial application fee and bed fee along with application packet

Choose One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

Application Fee and Bed Fee:

You can check the [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner’s name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner’s complete mailing address.

Phone, Fax and Cell Numbers: Enter the owner’s phone, cell, and fax numbers.

Email and Web Address: Enter the owner’s email and facility Web addresses, if applicable.

Facility Name: Enter the agency’s name as advertised on signs, brochures, or Web site.

Physical Address: Enter the agency’s physical street location including city, state, zip code, and county.

Phone, Fax and Cell Numbers: Enter the facility’s phone, cell, and fax numbers.

Mailing Address: Enter the facility’s mailing address, if different than the physical address.

2. Facility Specific Information:

A. In-patient beds:

Indicate total number of currently licensed bed(s). If the number is to be amended, complete the addition/reduction and include paperwork resultant from a request to the Department to determine the need for review by the Department’s Construction Review Service and Washington state fire marshal.

B. Services provided: Check all that apply.

3. Administrator and Contact Person:

Enter name, title, phone number, and email address for the administrator as well as the person the department can contact about the application.

4. Additional Information:

Legal Owner Information: List the names, titles, addresses, and phone numbers of the corporate officers, partners, members, and managers of the agency. Attach more sheets of paper as needed.

Change of Ownership Information: List the previous legal owner name, previous name of facility/agency, effective date of ownership change and physical address, if applicable.

5. Signature:

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

Additional Information:

Return completed application and the following information:

- Signed Application
- Copy of Master Business License
- If any changes to physical structure or use of building, include any reports/forms from Construction Review Services, a reduced floor plan on letter size paper with identification of each room within the facility. Submit for each building.
- Policies and Procedures and Functional Plan must be submitted prior to licensure.
- **Criminal History Background Check (CBC):**—Attach a copy of the current CBC for the on-site Administrator/Director and owner dated within three months of the initial application date. Agencies must keep current copies of the disclosure statement on file as stated in accordance with [RCW 43.43](#).
- **Disclosure Statement**—Attach a copy of the disclosure statement for the on-site Administrator/Director and owner dated within three months of the initial application date. Agencies must keep current copies of the disclosure statement on file as stated in accordance with [RCW 43.43](#).

Date
Stamp
Here

Revenue 0597634110

Residential Treatment Facility License Application

This is for: New Change of Ownership Renewal Amended

Choose One (as it appears on Washington State Master Business License)

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Current Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (include area code)		Fax (include area code)	
Email address		Website URL	
Facility Name (as advertised and on business material)			
Physical Facility Address			
City	State	Zip Code	County
Facility Main Phone (include area code)		Fax (include area code)	
Mailing Address			
City	State	Zip Code	County

2. Site Information

This is New/Amended information

Total Licensed Beds _____

Requested reduction of _____ beds

Requested addition of _____ beds

Check all service types provided:

- Mental Health Services
 Substance Use Disorder Services
 Co-occurring Services
 Pediatric Transitional Care Services

Anticipated Opening Date (new facility) _____

If changing service type provide policies and procedures in compliance with chapter 71.12 RCW and 246-337 WAC for review and approval by the department.

If changing number of resident beds, include a request to the Department to determine the need for review by the department's [Construction Review Services](#) and Washington state fire marshal.

3. Administrator and Contact Person

This is New/Amended information

Name of Administrator	Title
Phone (include zip code)	Email Address
Name of Contact Person	Title
Phone (include zip code)	Email Address

4. Additional Information

Do you have a campus of two or more buildings? No Yes

If yes, please attach a list of each building's name, address, and phone numbers.

Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Phone (include zip code)	Title

Change of Ownership Information

Name of Current Licensee	Name of Prospective Licensee	
Current Name of Facility	Current RTF License #	Date of Proposed Change
Physical Address of Facility		

Please note an RTF license is not transferable. Prior to selling, leasing, renting or otherwise transferring control of an RTF that results in a change of the state Uniform Business Identifier Number, the proposed licensee must submit plans for preserving resident records, consistent with WAC 246-337-095 to the Department.

5. Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative

Date (mm/dd/yyyy)

Print Name

Print Title

(This page intentionally left blank.)

Disclosure Statement

I, _____ have never been:

1. Convicted of a crime against children or other persons.

Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in [RCW 26.44.020](#); first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they be rename in the future.

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

A conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes that may be renamed in the future. A vulnerable adult is an adult who lacks the functional, mental, or physical ability to care for themselves

3. Convicted of crimes related to drugs;

A conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

4. Found in any dependency action under [RCW 13.34.040](#) to have sexually assaulted or exploited any minor or to have physically abused any minor;

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;

6. Found in any disciplinary board final decision to have sexually or physically abuse or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;

Any final decision issued by a disciplining authority under [RCW 18.130](#) or the secretary of the department of health for the following businesses or professions: chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

7. Found by a court in a protection proceeding under [RCW. 74.34](#), to have abused or financially exploited a vulnerable adult.

The illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

Employee Signature _____ Date: _____

Witness Signature _____ Date: _____

(This page intentionally left blank.)



RCW/WAC and Online Website Links

RCW/WAC Links

[Residential Treatment Facility Laws, Chapter 71.12 RCW](#)

[Residential Treatment Facility Rules, Chapter 246-337 WAC](#)

[Residential Treatment Facility Fees, Chapter 246-337-990 WAC](#)

Online

[Residential Treatment Facility Web Page](#)

[Department of Social and Health Services—Behavioral Health and Recovery, Mental Health Agency Licensing, Substance Abuse Prevention and Treatment—Certification Services](#)