Residential Treatment Facility License Application Packet

Contents:
1. 505-043....Contents List/Mailing Information ......................................................... 1 Page
2. 505-033....Application Instructions Checklist ............................................................ 2 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
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.

On page one of the application, indicate type of application—new, change of ownership, amended, or renewal.

- **New**—First time requesting a residential treatment facility license.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed residential treatment facility.
- **Renewal**—To renew an existing residential treatment facility license.
- **Amended**—To modify your current residential treatment facility license.

☐ **Check One:**

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

☐ **Application 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 licensed bed(s).
   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
   • Applicable licensing fee
   • 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.
# Residential Treatment Facility License Application

This is for:  
- [ ] New  
- [ ] Change of Ownership  
- [ ] Renewal  
- [ ] Amended

### Check One

- [ ] Association  
- [ ] Corporation  
- [ ] Federal Government Agency  
- [ ] Limited Liability Company  
- [ ] Limited Liability Partnership  
- [ ] Limited Partnership  
- [ ] Municipality (City)  
- [ ] Municipality (County)  
- [ ] Non-Profit Corporation  
- [ ] Partnership  
- [ ] Sole Proprietor  
- [ ] State Government Agency  
- [ ] Tribal Government Agency  
- [ ] Trust

## 1. Demographic Information

### Facility Name
- [ ] New  
- [ ] Change of Ownership  
- [ ] Renewal  
- [ ] Amended

- [ ] Limited Partnership  
- [ ] Sole Proprietor

- [ ] Association  
- [ ] Corporation  
- [ ] Federal Government Agency  
- [ ] Limited Liability Company  
- [ ] Limited Liability Partnership  
- [ ] Limited Partnership  
- [ ] Municipality (City)  
- [ ] Municipality (County)  
- [ ] Non-Profit Corporation  
- [ ] Partnership  
- [ ] Sole Proprietor  
- [ ] State Government Agency  
- [ ] Tribal Government Agency  
- [ ] Trust

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
</tr>
</thead>
</table>

**Legal Owner/Operator Name**

**Mailing Address**

City  
State  
Zip Code  
County

**Phone (enter 10 digit #)**  
Fax (enter 10 digit #)

**Email address**  
**Web Address**

**Facility Name** (Business name as advertised on signs or Web site)

**Physical Address**

City  
State  
Zip Code  
County

**Facility Phone (enter 10 digit #)**  
Fax (enter 10 digit #)

**Mailing Address**

City  
State  
Zip Code  
County
2. Site Information

Total Licensed Beds ______________

Check all service types provided:

- [ ] Mental Health Services
- [ ] Substance Use Disorder Services
- [ ] Co-occuring Services
- [ ] Pediatric Transitional Care Services

Have you applied for DSHS-DBHR certification of services?

- [ ] DSHS-DBHR-CD  
- [ ] DSHS-DBHR-MH  
- [ ] Other __________________________

Anticipated Opening Date (new facility) ______________

3. Administrator and Contact Person

<table>
<thead>
<tr>
<th>Name of Administrator</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (enter 10 digit #)</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact Person</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (enter 10 digit #)</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (enter 10 digit #)</th>
<th>Title</th>
</tr>
</thead>
</table>

Change of Ownership Information

<table>
<thead>
<tr>
<th>Previous Name of Legal Owner</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous Name of Facility</th>
<th>Previous RTF License #</th>
<th>Effective Date of Ownership Change</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th></th>
</tr>
</thead>
</table>
## 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.

<table>
<thead>
<tr>
<th>Signature of Owner/Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Print Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(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: ________________

DOH 505-055 March 2013
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

**On-Line**

- 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