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Add any notes on a separate sheet of paper

To provide initial information or updates, print form, fill-in data, then fax to: 206.428.4977. Please print clearly. When faxing updates fill in fields marked with ** and those fields with changes. Fields marked with?? will not be known or required during the initial application. **Please PRINT clearly; we may have to read this as a fax. Note: Email and Web Site fields do not have lines for data so that we can see underscores more clearly**

AFH Name: ** _____ Street: ** _____

City / St / ZIP: _____ WA _____ ZIP _____ County: _____

AFH Lic #: _____ ** Phone ** _____ Fax: _____

Billing Address (if different) _____

Provider Name – First: _____ Last: _____ Provider Nick_Name: _____

Credential – CNA/NAR/LPN/RN/etc: _____ WA Number: _____ Provider Cell: _____

Provider Email: _____ (write very clearly especially __ underscore, --- dash, @, zero, O, B, 8 etc.)

Existing Web Site: ?? http:// _____ (write very clearly especially __ underscore, --- dash, zero, O, B, 8 etc.)

Licensed for – Beds: _____ Mental Health Dementia Dev. Disability (Note: ASI uses DSHS's data here)

If the Provider doesn't live in this AFH please complete the Resident Manager section:

Res. Mgr: -- First: _____ Last: _____ Res. Mgr Cell: _____

Res. Mgr Credential CNA/NAR/LPN/RN/Etc: _____ WA Number: _____

Notes: Add any comments to help us such as CNA or RN license is in maiden name etc. Add 3rd sheet if necessary.

No of Rooms: Private RM with Private Bath: _____ Private RM w/shared Bath: _____ Shared RM: _____ Any Couple Capable?

Current Vacancy: Private RM with Private Bath: _____ Private RM w/shared Bath: _____ Shared RM: _____

Accepts / Has: (checkbox to left of text)

- House Dr. Awake Night Staff Insulin Delegation Injection capability Hospice
- 2 Person Assists Foley Catheter Ostomy Peg Tube Rehabilitation
- Wanderers Exit Seekers Resistive to care Ventilator/Tracheostomy History of Drug and Alcohol Dependence
- TBI Stroke Oxygen MS or Parkinson's Currently has clients under age 60

Would Consider:

- Respite Care Wound Care Smoker Client's Pet Contagious Disease i.e. MRSA, VRE, C-Diff, HIV/Aids

Medicaid: Accepts Medicaid Accepts Medicaid with conditions

Special Items: (Not on search form)

- Air Conditioned Has Generator Will consider a boarder UW Geriatric Certification

Languages: (circle)

English, Arabic, Chinese (Mandarin), Croatian, Czech, Farsi , French, German, Greek, Hebrew, Hungarian, Italian, Japanese, Korean, Lao, Portuguese, Romanian, Russian, Samoan, Serbian, Slovene, Spanish, Tagalog, Turkish, Ukrainian, Vietnamese

Extras: Brochure Attached (optional) AFH will email photos

Billing: Quarterly Annual Credit Card (requires an Email Address) **Sales Rep:** _____

Disclaimer: Aging Safely, Inc. gets its data from the Adult Family Home providers. Adult Family Home Providers are responsible for the accuracy of the data. They should check our website after providing each update to insure correctness.