

ADULT FAMILY HOME (AFH) RENEWAL OF CERTIFICATION GRANDFATHERING REQUEST

Completion of this form is voluntary. Failure to complete this form may result in delayed processing of the request.

Return completed forms to: Carrie Molke, LTC Residential Policy Specialist, Bureau of Long-Term Support via fax: 608-267-2913, e-mail: molkeca@dhs.state.wi.us, or via mail: P. O. Box 7851, Madison 53707-7851.

County		Date of Request	
Name of Person Completing Request		Title	
Telephone Number	Fax Number	E-Mail Address	
Name of Adult Family Home			Date Certified as AFH
Address			
City		State	Zip Code
Name of Participant			Date Entered AFH

Explain the situation and reason why grandfathering is necessary

Explain the consequence if grandfathering is not granted

Explain how you have attempted to comply with the new standards

Explain how health and safety will be assured

Department Use Only

Approved

Denied—Reason: _____

Date _____