

- Any designated smoking areas in or on the adult foster home’s premises.

To increase your license capacity, attach the following information:

- \$20 non-refundable fee for each additional resident bed requested.
- Demonstrate in writing how your AFH has sufficient, qualified staff to meet the additional staffing needs of residents.
- A written description of how you will meet the evacuation requirements with an increased resident capacity.

I declare, under penalties of perjury, this information is true, correct and complete to the best of my knowledge. I understand that:

- Failure to provide accurate information may result in sanctions, including the denial of my request.
- This request to amend my license capacity is not complete until all required items have been submitted.
- An incomplete request to amend my license capacity will result in the denial of my request.

I authorize the Department to verify the information provided with this request to amend my license capacity.

I agree to abide by the Oregon Administrative Rules Chapter 411, Division 49, 50, 51 and 52.

I understand if the Department denies this request, I will have the right to request an administrative hearing on that denial.

Licensee’s signature _____
Date

Co-licensee’s signature N/A _____
Date