

**Washington State REFERRAL AGENCY  
TERMINATION OF Non-Exclusive Senior Referral Assistance Relationship**

RCW 18.330.020: (2) *"The agency may not create an exclusive agreement between the agency and the client."*

RCW 18.330.050: (h) *"...the client may, without cause, stop using the agency or switch to another agency without penalty or cancellation fee to the client;"*

**Instructions: Complete and send this form to ALL senior placement services, including any dot-com companies you have contacted or been contacted by yet are not actively working with.**

I \_\_\_\_\_, being the authorized  
Representative or client (the consumer)  
representative of \_\_\_\_\_ wish to terminate all agreed upon  
Client (the senior)  
implied relationships with \_\_\_\_\_ for services related to  
Name of Agency  
referral and information regarding Washington Boarding homes and/or Assisted  
Living Communities, Adult Family Homes, Continuing Care Retirement.

**Check all that apply:**

- I was unaware I was being represented by the agency listed above.
- It was not disclosed that a referral or placement fee would apply prior to accepting recommendations or a list of providers.
- The agency listed above does not satisfy our needs based on recommendations, lists, or services offered.
- I am actively working with or retaining another placement service.
- I no longer seek or need a senior housing or care referral.

**As a consumer protected by Washington's Consumer Protection Act and per the WA Law RCW 18.330, I request that:**

- **All Washington Boarding homes, and/or Assisted Living Communities, Adult Family Homes, Continuing Care Retirement Communities, and In-home Care Companies that I was referred to by the above agency ALL be notified of my cancellation of services and;**
- **All financial arrangements between these care/housing providers be canceled.**

Sincerely,

\_\_\_\_\_  
Signature of Consumer or Representative

\_\_\_\_\_  
Date