

		CONTRACT AMENDMENT AAA Caregiver Training		DSHS CONTRACT NUMBER: 2669-70958 Amendment No. 01	
This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.				Program Contract Number Click here to enter text. Contractor Contract Number KC-350-26-A	
CONTRACTOR NAME Kitsap County			CONTRACTOR doing business as (DBA) Kitsap County Division of Aging & LTC		
CONTRACTOR ADDRESS 614 Division Street MS5 Pt. Orchard, WA 98366-			WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 182-002-345		DSHS INDEX NUMBER 1076
CONTRACTOR CONTACT Stacey Smith		CONTRACTOR TELEPHONE (360) 337-5624		CONTRACTOR FAX (360) 337-5747	
			CONTRACTOR E-MAIL ADDRESS sasmith@kitsap.gov		
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Division of Home And Community Services		DSHS CONTRACT CODE 1020LS-69	
DSHS CONTACT NAME AND TITLE Aime Fink Program Manager		DSHS CONTACT ADDRESS 4450 10th Avenue SE Lacey, WA 98503			
DSHS CONTACT TELEPHONE (360)725-2554		DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL ADDRESS aime.fink@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No				CFDA NUMBERS	
AMENDMENT START DATE 07/01/2026		CONTRACT END DATE 06/30/2027			
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00		AMOUNT OF INCREASE OR DECREASE \$0.00		TOTAL MAXIMUM CONTRACT AMOUNT \$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO					
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: ☐ Additional Exhibits (specify):					
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.					
CONTRACTOR SIGNATURE 		PRINTED NAME AND TITLE Oran Root, Chair		DATE SIGNED 10/26/26	
DSHS SIGNATURE 		PRINTED NAME AND TITLE Jessica Barbour, Contract Specialist		DATE SIGNED 10/29/2026	

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. Special Terms and Conditions, Statement of Work, 2b. Billable Wage Hours (4) Continuing Education, (b) is revised to read:

(b) Home care agencies can bill AAAs for worker CE class time hours that were completed after their birthday due date if they meet the exception criteria in WAC 388-71-0991.

All other terms and conditions of this Contract remain in full force and effect.

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