

Room List for Assisted Living Facilities (ALF)

| A. ASSISTED LIVING FACILITY NAME | | | | | B. LICENSE / APPLICATION NUMBER | |
|----------------------------------|--|---|--------------------|----------------------------|--|---|
| C. STREET ADDRESS | | | CITY | | STATE | ZIP CODE |
| D. TOTAL SLEEPING ROOMS | | E. TOTAL LICENSED RESIDENT BED CAPACITY | | F. TOTAL APPROVED BEDS | | |
| Day Room Area(s) | | | | | | |
| G. MINIMUM REQUIRED SQUARE FEET | | H. TOTAL AVAILABLE SQUARE FEET | | I. DATE FIRST LICENSED | J. MAXIMUM CONTRACTED ASSISTED LIVING CAPACITY | |
| K. COMMENT / PURPOSE FOR CHANGE | | | | | | |
| L. WING / FLOOR OR BUILDING UNIT | M. ROOM IDENTIFIER (NUMBER, COLOR, ETC.) | N. ROOM TYPE | O. USEABLE SQ. FT. | P. NUMBER OF APPROVED BEDS | Q. ROOM APPROVE FOR AL CONTRACT | R. REMARKS (NOTE WHICH ROOMS ARE LICENSED PER PROVIDER) |
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| S. DATA COLLECTION DATE | | T. DATA COLLECTION STAFF NAMES | | | | |