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| Transforming Lives | | **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 REPORTED LICENSED BEDS | | | | | | G. TOTAL RCS APPROVED BEDS |
| **Day Room Area(s)** | | | | | | | | | | | | | | |
| **Day Rooms Area(s)** | | | H. MINIMUM REQUIRED SQ. FT. | | | I. TOTAL AVAILABLE SQ. FT. | | | | J. DATE FIRST LICENSED | | | K. MAXIMUM CONTRACTED ASSISTED LIVING | |
| L. COMMENT / PURPOSE FOR CHANGE | | | | | | | | | | | | | | |
| M. WING / FLOOR BUILDING UNIT | N. ROOM IDENTIFIER | | | O. ROOM TYPE | P. USEABLE SQ. FT. | | Q. REPORTED LICENSED BEDS | | R. NUMBER OF APPROVED BEDS | | S. APPROVED FOR AL CONTRACT | T. REMARKS | | |
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| U. DATA COLLECTION DATE | | | | V. DATA COLLECTION STAFF NAMES | | | | | | | | | | |