

ADJUT EAMUV HOME'S (AEH) NAME	LICENSE NUMBER
ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	
LICENSON S NAIVIE	

ATTACHMENT E

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ADULT FAMILY HOME (AFH) Staff List

NAME (ALL EMPLOYEES WITHIN THE LAST TWO YEARS, UP UNTIL LAST INSPECTION)	MARK ONE OPTION BELOW			LIVE ON SITE?		
	FT	PT	PRN	YES	NO	
PROVIDER / ER						
CO- PROVIDER						
RESIDENT MANAGER						
CG						
CG						
CG						
CG						
CG						
CG						
CG						
CG						
OTHERS LIVING IN THE HOME		REQUIRES DIRECT CARE FROM CAREGIVERS			AGE 12 YEARS AND OLDER	
		YES		NO	YES	NO



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
ADDEL LAMIEL HOME 3 (ALTI) NAME	LICENSE NOWIDEN
DDO//IDED// JOENOFFIO NAME	INCORPORTION DATE
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT E

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)

Staff List

space.	This form should be used to document any additional information or data that does not fit in the designated
NOTES	