

| ADULT FAMILY HOME'S (AFH) NAME | LICENSE NUMBER |
|--------------------------------|-----------------|
| PROVIDER / LICENSEE'S NAME | INSPECTION DATE |
| LICENSOR'S NAME | ' |

ATTACHMENT U

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) Residential Care Services Notes

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

| NOTES |
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