

Adult Family Home (AFH) Name	License Number
Provider / Licensee's Name	Visit Date(s)
Regulator's Name	CD ID Number



Aging and Long-Term Support Administration (AL TSA)

AFH Confidential Identifier List

**Confidentiality Clause: This is a confidential document – not for public disclosure.
Do Not Post in Facility**

Indicate type of visit: Inspection Complaint Follow up visit

Resident Identifier	Resident Name	Staff Identifier	Staff Name
			Position
Resident <input type="checkbox"/> Check if sample resident			
Resident <input type="checkbox"/> Check if sample resident			
Resident <input type="checkbox"/> Check if sample resident			
Resident <input type="checkbox"/> Check if sample resident			
Resident <input type="checkbox"/> Check if sample resident			
Resident <input type="checkbox"/> Check if sample resident			
Resident <input type="checkbox"/> Check if sample resident			
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Household Member Identifier	Household Contact Name	Relationship or Role	
HH			
HH			
HH			
Pet Name	Pet Name	Pet Name	
Staff Identifier	Staff Name Position	Staff Identifier	Staff Name Position