|  | | ADULT FAMILY HOME’S (AFH) NAME | | | LICENSE NUMBER | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | | INSPECTION DATE | | | | |
| LICENSOR’S NAME | | | | | | | |
| 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 |  | |  |  | | |  |  |  |
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| **OTHERS LIVING IN THE HOME** | | | **REQUIRES DIRECT CARE FROM CAREGIVERS** | | | | | **AGE 12 YEARS AND OLDER** | |
| **YES** | | | **NO** | | **YES** | **NO** |
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| **NOTE:** This form should be used to document any additional information or data that does not fit in the designated space. | | | | | | | | | |
| NOTES | | | | | | | | | |