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