|  | ADULT FAMILY HOME’S (AFH) NAME | LICENSE NUMBER |
| --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | INSPECTION DATE |
| LICENSOR’S NAME |
| ATTACHMENT RAGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ADULT FAMILY HOME (AFH)**Exit Preparation Worksheet**  |
| [ ]  SCANNED documents are stored on the local field office shared drive.[ ]  COPIED documents are stored in the local field office paper file.[ ]  No documents were scanned or copied during this inspection. | PROVIDER CONTACT (IF FURTHER INFORMATION REQUIRED) |
| TIME OF EXIT[ ]  AM [ ]  PM |
| **RESIDENT / STAFF NUMBER** | **ISSUE / CONCERNS SUMMARY OF FINDINGS** | **WAC / RCW** |
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