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|  | ASSISTED LIVING FACILITY (ALF)**Room Requirements Checklist** | WORKER’S OFFICE | WORKER’S PHONE NUMBER |
| CLIENT ID NUMBER | DATE |
| ­This form will be used by Home and Community Services (HCS) staff to document a room that may not fully meet the Assisted Living Facility contract because one or more of the following subset of physical plant requirements listed in WAC 388-110-140 is missing.Room  is required by regulation to include the following items. The checked items are not present:[ ]  A lockable entry door.The kitchen area must be equipped with:[ ]  A refrigerator.[ ]  A microwave oven, range, or cooktop.[ ]  A counter mounted kitchen sink.[ ]  A storage space for utensils and supplies (can be a container).[ ]  A work counter surface (or dining room table).[ ]  Telephone and television service accessible (hard-wired or wifi). |
| COMMENTS: |
| FACILITY NAME | ROOM NUMBER |
| WORKER’S SIGNATURE | DATE |
| **Instructions to the Case Manager, Social Service Specialist, or Nursing Care Consultant:**Send a copy of the complete form to the facility administrator / designee, the CRU, and the HQ RCS Policy Program Manager |