| Adult Family Home (AFH) Name | | | | | | License Number |
| --- | --- | --- | --- | --- | --- | --- |
| Provider / Licensee’s Name | | | | | | Visit Date(s) |
| Regulator’s Name | | | | | | CD ID Number |
| Text  Description automatically generated | Aging and Long-Term Support Administration (ALTSA)  **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  Check if sample resident | |  | |  |  | |
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| Resident  Check if sample resident | |  | |  |  | |
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| Resident  Check if sample resident | |  | |  |  | |
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| Resident  Check if sample resident | |  | |  |  | |
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| Resident  Check if sample resident | |  | |  |  | |
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| Resident  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** | |
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| **Staff Identifier** | | **Staff Name** | | **Staff Identifier** | **Staff Name** | |
| **Position** | | **Position** | |
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