| 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 |  |  |  |
|  |
| 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 |  |  |  |
|  |
| Resident [ ]  Check if sample resident |  |  |  |
|  |
| Resident [ ]  Check if sample resident |  |  |  |
|  |
| **Household Member Identifier** | **Household Contact Name** | **Relationship or Role** |
| HH  |  |  |
| HH  |  |  |
| HH  |  |  |
| **Pet Name** | **Pet Name** | **Pet Name** |
|  |  |  |
|  |  |  |
| **Staff Identifier** | **Staff Name** | **Staff Identifier** | **Staff Name** |
| **Position** | **Position** |
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