Confidential Information – Do not disclose. Not for public disclosure.

DSHS WASHINGTON STATE Department of Social and Health Services

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ENHANCED SERVICES FACILTY (ESF)

Attachment C

ESF Resident List

Not required if facility uses its own list or Attachment D, DSHS 15-574, is used.

ENHANCED SERVICES FACILITY NAME	LICENCE NUMBER	ENTRANCE DATE

LICENSOR'S NAME	Inspection Type: ☐ Full ☐ Follow up ☐ Complaint:

ROOM NUMBER	RESIDENT NAME	NOTES