

## Room List for Assisted Living Facilities (ALF)

A. ASSISTED LIVING FACILITY NAME						B. LICENSE / APPLICATION NUMBER	
C. STREET ADDRESS				CITY		STATE	ZIP CODE
D. TOTAL SLEEPING ROOMS		E. TOTAL LICENSED RESIDENT BED CAPACITY		F. TOTAL REPORTED LICENSED BEDS		G. TOTAL RCS APPROVED BEDS	
<b>Day Room Area(s)</b>							
<b>Day Rooms Area(s)</b>		H. MINIMUM REQUIRED SQ. FT.		I. TOTAL AVAILABLE SQ. FT.		J. DATE FIRST LICENSED	K. MAXIMUM CONTRACTED ASSISTED LIVING
L. COMMENT / PURPOSE FOR CHANGE							
M. WING / FLOOR BUILDING UNIT	N. ROOM IDENTIFIER	O. ROOM TYPE	P. USEABLE SQ. FT.	Q. REPORTED LICENSED BEDS	R. NUMBER OF APPROVED BEDS	S. APPROVED FOR AL CONTRACT	T. REMARKS
U. DATA COLLECTION DATE		V. DATA COLLECTION STAFF NAMES					