### ESF Resident List

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

<table>
<thead>
<tr>
<th>ENHANCED SERVICES FACILITY NAME</th>
<th>LICENSE NUMBER</th>
<th>INSPECTION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSOR’S NAME</td>
<td>Inspection Type:</td>
<td>□ Full □ Follow up □ Complaint</td>
</tr>
</tbody>
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<thead>
<tr>
<th>ROOM NUMBER</th>
<th>RESIDENT NAME</th>
<th>NOTES</th>
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