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| Transforming Lives |  **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 |
| **Day Room Area(s)** |
| **Day Rooms Area(s)** | 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 |
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| U. DATA COLLECTION DATE | V. DATA COLLECTION STAFF NAMES |