|  |  **Additional Room List for Assisted Living Facilities (ALF)** |
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| A. ASSISTED LIVING FACILITY NAME | B. LICENSE / APPLICATION NUMBER |
| C. STREET ADDRESS CITY STATE ZIP CODE |
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| 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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