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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |