| A picture containing text, clipart  Description automatically generated | ADULT FAMILY HOME’S (AFH) NAME | LICENSE NUMBER |
| --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | INSPECTION DATE |
| LICENSOR’S NAME | |
| ATTACHMENT U  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Residential Care Services Notes**  **NOTE:** This form should be used to document any additional information or data that does not fit in the designated space. | | |
| NOTES | | |