| 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 UAGING 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 |