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|  | ASSISTED LIVING FACILITY (ALF)  **Room Requirements Checklist** | WORKER’S OFFICE | | WORKER’S PHONE NUMBER |
| CLIENT ID NUMBER | | DATE |
| ­This form will be used by Home and Community Services (HCS) staff to document a room that may not fully meet the Assisted Living Facility contract because one or more of the following subset of physical plant requirements listed in WAC 388-110-140 is missing.  Room  is required by regulation to include the following items. The checked items are not present:  A lockable entry door.  The kitchen area must be equipped with:  A refrigerator.  A microwave oven, range, or cooktop.  A counter mounted kitchen sink.  A storage space for utensils and supplies (can be a container).  A work counter surface (or dining room table).  Telephone and television service accessible (hard-wired or wifi). | | | | |
| COMMENTS: | | | | |
| FACILITY NAME | | | ROOM NUMBER | |
| WORKER’S SIGNATURE | | | DATE | |
| **Instructions to the Case Manager, Social Service Specialist, or Nursing Care Consultant:**  Send a copy of the complete form to the facility administrator / designee, the CRU, and the HQ RCS Policy Program Manager | | | | |