| **Confidential Information – Do not disclose. Not for public disclosure.** |
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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Resident List** | Attachment C |
| Not required if facility uses its own list or Attachment D, DSHS 15-574, is used. |
| ENHANCED SERVICES FACILITY NAME | LICENCE NUMBER | ENTRANCE DATE |
| LICENSOR’S NAME | Inspection Type: [ ]  Full [ ]  Follow up [ ]  Complaint:  |
| ROOM NUMBER | RESIDENT NAME | NOTES |
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