| **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**  Not required if facility uses its own list or Attachment D, DSHS 15-574, is used. | | | | **Attachment C** |
| ENHANCED SERVICES FACILITY NAME | | | | LICENSE NUMBER | INSPECTION DATE | |
| LICENSOR’S NAME | | | | Inspection Type:  Full  Follow up  Complaint | | |
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| ROOM NUMBER | RESIDENT NAME | | NOTES | | | |
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