NEW YORK STATE DEPARTMENT OF HEALTH Adult Care Facilities/Assisted Living Surveillance

9 - Other (specify)

Adult Care Facility Chronological Admission and Discharge Register

Facility Name	Operating Certificate Number		
Period Covered From To	Page Number of		
Admission Codes*	Level of Care (LOC) Codes*		
 1 - Hospital 2 - Own Home 3 - Skilled Nursing Facility (SNF) 4 - Another Adult Home/Enriched Housing Program 5 - State Development Center 6 - State Psychiatric Center 7 - Transfer from another unit of this facility 8 - Death 	AH — Adult Home ALP — Assisted Living Program A — Assisted Living Residence E — Enhanced Assisted Living Residence EHP — Enriched Housing Program (EHP) S — Special Needs Assisted Living Residence		

Date	Resident's Name	Age	Sex	Admitted From	Discharged To	Facility and Address Admitted From or Discharged To	L0C**