Adult Care Facility Daily Resident Census Report

Facility Name							0													perating Certificate Number																					
ACF Capacity		Mo	Month							, 20											Page Number of																				
Room #	Resident's Name		Level of Care Check all that apply					oly			**If resident is absent from facility, please mark in date box one of the following codes: H = Hospital V = Home Visit/Vacation M = Missing O = Out or Other																Days of Care														
			ΑH	EHP	ALR	EALR	SNALR	ALP	1	2	3	4	5	6	7	8	9	9 1	10 1	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Occupied 11:59 p.m. Today							ıy																																		