Facility Name

Period Covered From

Admission Codes*

- 1 Hospital
- 2 Own Home
- 3 Skilled Nursing Facility (SNF)
- 4 Another Adult Home/Enriched Housing Program

То

- 5 State Development Center
- 6 State Psychiatric Center
- 7 Transfer from another unit of this facility
- 8 Death
- 9 Other (specify)

Page Number of

Level of Care (LOC) Codes*

- 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**