

Adult Care Facility Chronological Admission and Discharge Register

Facility Name _____

Operating Certificate Number _____

Period Covered From _____ To _____

Page Number _____ of _____

Admission/Discharge 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
- 9 – Other (specify) _____

Ethnicity

- 1 – No, not of Hispanic, Latino/a, or Spanish Origin
- 2 – Yes, Mexican, Mexican American, Chicano/a
- 3 – Yes, Puerto Rican
- 4 – Yes, Cuban
- 5 – Yes, Another Hispanic, Latino/a or Spanish Origin
- 6 – Prefer not to say

Level of Care (LOC) Codes

- 1 – Adult Home (AH)
- 2 – Enriched Housing Program (EHP)
- 3 – Assisted Living Program (ALP)
- 4 – Assisted Living Residence (ALR)
- 5 – Enhanced Assisted Living Residence (EALR)
- 6 – Special Needs Assisted Living Residence (SNALR)

Race

- 1 – White
- 2 – Black or African American
- 3 – American Indian or Alaska Native
- 4 – Asian Indian
- 5 – Chinese
- 6 – Filipino
- 7 – Japanese
- 8 – Korean
- 9 – Vietnamese
- 10 – Native Hawaiian
- 11 – Guamanian or Chamorro
- 12 – Samoan
- 13 – Other _____
- 14 – Prefer not to say

Date	Resident's Name	Age	Race	Ethnicity	Sex	LOC	Admitted From	Discharged To	Facility and Address Admitted From or Discharged To

