NEW YORK STATE DEPARTMENT OF HEALTH

Adult Care Facility/Assisted Living

Adult Care Facility Daily Resident Census Report

Facility Name													Operating Certificate Number																											
·		Nont																Page Number of																						
Room #	Resident's Name	Level of Care Check all that apply									**]	If re	sid H =	ent i	Date is absent from facility, please mark in date bospital V = Home Visit/Vacation M = Mis									te bo	pox one of the following codes: ssing 0 = Out or Other											Days of Care				
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Occupied 11:59 p.m. Today																																								