

**Roster of Residents**

5122-30-23 Facility Records

**Each facility shall maintain a current roster of the names and ages of all residents and dates of residence.  
The roster shall include information on residents for 3 years after the date of discharge.**

Facility Name:

License No.:

	<b>Name of Resident</b>	<b>Date of Birth</b>	<b>Move In Date</b>	<b>Move Out Date</b>	<b>Classification</b> <small>RSS - Res State Supplement    Vet - Veteran MI - Mental Illness    SUD- Substance Use Disorder</small>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> RSS <input type="checkbox"/> SUD <input type="checkbox"/> Vet <input type="checkbox"/> MI