

## Staff Master List

**Director Name:** \_\_\_\_\_ **PV #** \_\_\_\_\_  
**Facility Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_

Per ARM 37.95.160(2), a current staff list must be maintained for all staff and kept on file at the facility. The department may request this list at any time. This form should be updated whenever there are staff changes.

**Please Note:** If someone is not listed below, they will be taken off of the approved caregiver list.

Staff Name	Staff Phone Number	Date of Birth	Role Type	Date of Hire
Mailing Address	City, State Zip	PS# or SS#		Termination Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				