

SECTION 3a YOU MUST FILL IN THIS SECTION

About your residents (aged under 74 years and 11 months)

Please list all your residents, including those who do not have a TV, so we can keep our records up to date. Do not include residents who are 75 or over. You should also list any rooms that are empty, used for respite care, used by employees or by guests/visitors. Include the room number or name, address and if there's a TV* in the room.

Title	Resident's initial and surname (or room status i.e. empty, guest, respite)	Age	Date moved in (if less than 1 year)	Is the resident retired**?	If no, how many hours a week do they work?	Is the resident disabled***?	Flat or room no.	First line of the address	Is there a TV* in this room?
Mr/s	E. Sample	74	01/01/00	<input type="checkbox"/> YES <input type="checkbox"/> NO	35	<input type="checkbox"/> YES <input type="checkbox"/> NO	10	Address line 1	<input type="checkbox"/> YES <input type="checkbox"/> NO
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