



Assisted Living Facility Other Contact Interview

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER
ENTRANCE DATE	LICENSOR NAME	
Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint: Number _____		
RESIDENT NAME	RESIDENT NUMBER	DATE OF INTERVIEW
CONTACT NAME AND NUMBER	RELATIONSHIP TO RESIDENT	
NOTES		
CONTACT NAME AND NUMBER	DATE OF INTERVIEW	RELATIONSHIP TO RESIDENT
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Additional Notes		Attachment H