

ESF Resident Interview

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| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | INSPECTION DATE | LICENSOR'S NAME |
| RESIDENT'S NAME | RESIDENT NUMBER | ROOM NUMBER | PAY STATUS <input type="checkbox"/> Private <input type="checkbox"/> State |
| BRIEF REVIEW OF PERSON-CENTERED SERVICE PLAN | | | |

The six (6) questions in Section A are **required** questions and **must** be asked as written during the interview. Check "Y" if the answer is yes; check "N" if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.

A. Select one.

Resident Interview Representative Date of interview: Time of interview:

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|--|---|
| <p>Y N D</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you make choices about the care and services you receive here at the facility?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have an opportunity to participate in community activities?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose who visits you and when?</p> | <p>Y N D</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do they pay attention to what you have to say?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose to lock your door?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have access to food anytime?</p> |
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Document clients' answers for questions or declination to answer. Ask at least one question or a related question for Sections B – K.

B. Care and Service Needs Declined to answer.

Do you get the help you need?

C. Support of Personal Relationships (if the resident has family or significant others) Declined to answer.

Do you have friends or family in the community that you visit with?

D. Reasonable House Rules Declined to answer.

Does anyone tell you that you can't do the things you want to do?

E. Respect of Individuality, Independence, Personal Choice, Dignity Declined to answer.

Can you make your own choices?

F. Homelike Environment Declined to answer.

Tell me about your room. Did you help decorate it?

G. Response to Concerns Declined to answer.

Who would you talk to if you had concerns?

H. Sense of Well-Being and Safety Declined to answer.

Do you feel safe here?



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| I. Meals / Snacks / Preferences <input type="checkbox"/> Declined to answer. | | | |
| How is the food here? | | | |
| J. Activities <input type="checkbox"/> Declined to answer. | | | |
| What kinds of things do you like to do for fun? | | | |
| K. Notice <input type="checkbox"/> Declined to answer. | | | |
| Does anyone tell you how you can spend your money? | | | |