|  |  Attachment H **Assisted Living Facility Other Contact Interview** |
| --- | --- |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| ENTRANCE DATE | LICENSOR NAME |
| Inspection Type: **[ ]**  Full **[ ]**  Follow up **[ ]**  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 |
| NOTES |
| **Additional Notes Attachment H** |
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