|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Other Contact Interview** | Attachment F |
| --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | LICENCE NUMBER | ENTRANCE DATE |
| LICENSOR’S NAME | Inspection Type: [ ]  Full [ ]  Follow up [ ]  Complaint:  |
| RESIDENT’S NAME | RESIDENT NUMBER | INTERVIEW DATE | INTERVIEW TIME[ ]  AM [ ]  PM |
| CONTACT NAME AND NUMBER | RELATIONSHIP TO RESIDENT |
| NOTES |
| RESIDENT’S NAME | RESIDENT NUMBER | INTERVIEW DATE | INTERVIEW TIME[ ]  AM [ ]  PM |
| CONTACT NAME AND NUMBER | RELATIONSHIP TO RESIDENT |
| NOTES |
| **Notes** |
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