|  | 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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