

Assisted Living Facility Other Contact Interview

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

