



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT J

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
ADULT FAMILY HOME (AFH)

## Comprehensive Resident / Representative Interview

(Resident:  1  2)

RESIDENT'S NUMBER	RESIDENT'S NAME
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REPRESENTATIVE'S NAME	TELEPHONE NUMBER (AREA CODE)
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**Introductory Questions:** These questions can be used to determine if the resident is interviewable. Indicate the question asked by checking the corresponding box. If the resident is not interviewable, or declines to participate, the representative must be interviewed using the comprehensive interview.

<input type="checkbox"/> What is the best part about living here? <input type="checkbox"/> How long have you lived here? <input type="checkbox"/> Are you from around here? <input type="checkbox"/> If you could change one thing about living here, what would it be?	<input type="checkbox"/> Other question (include the question and answer):
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Select one:  Resident Interview  Representative Interview

**Instructions:** The questions identified as **\*\*HCBS** questions are **REQUIRED** questions and **MUST** be asked during the interview as written, with the response noted. 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.

The interview must address each category. If there is an identified **\*\*HCBS** question in that category, that is the question that **must** be asked. If there is no HCBS question, you can use one of the example questions. Check the question asked or **write your own question**. If you are concerned about the answers, please investigate further.

### A. Care and Service Needs (Required **\*\*HCBS** question in this section)

Y N D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>** Can you make choices about the care and services you receive here at the home?</b>	<input type="checkbox"/> No Concerns
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### B. Response to Concerns (Required **\*\*HCBS** question in this section)

Y N D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>** Do they pay attention to what you have to say?</b>	<input type="checkbox"/> No Concerns
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### C. Support of Personal Relationships (Required **\*\*HCBS** question in this section)

Y N D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>** Can you choose who visits you and when?</b>	<input type="checkbox"/> No Concerns
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### D. Meals / Snack / Preferences (Required **\*\*HCBS** question in this section)

Y N D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>** Do you have access to food anytime?</b>	<input type="checkbox"/> No Concerns
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E. Respect of Individuality, Independence, Personal Choice, Dignity (Two required **HCBS questions in this section)		
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	** Can you choose to lock your door?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	** If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	<input type="checkbox"/> No Concerns
F. Activities (Two required **HCBS questions in this section)		
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	** Do you have an opportunity to participate in community activities?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	** Do you receive services in the community?	<input type="checkbox"/> No Concerns
G. Homelike Environment (Select the question asked by checking the box next to that question)		
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Are you comfortable here? <input type="checkbox"/> Is the temperature comfortable to you? <input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
H. Reasonable House Rules (Select the question asked by checking the box next to that question)		
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tell me about the house. <input type="checkbox"/> What have you been told about watching TV? How long can you stay up at night or how early or late can you stay up? <input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
I. Sense of Well-Being and Safety (Select the question asked by checking the box next to that question)		
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Do you feel safe here? <input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
J. Notice (Select the question asked by checking the box next to that question)		
Y <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Do you handle your own finances or does someone help you with that? <input type="checkbox"/> What were you told about paying for your own care here? <input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns



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