|  | | 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 (ALTSA)  ADULT FAMILY HOME (AFH)  **Comprehensive Resident / Representative Interview (Resident:**  **1  2)** | | | | | |
| RESIDENT’S NUMBER | | RESIDENT’S NAME | | | |
| REPRESENTATIVE’S NAME | | | | TELEPHONE NUMBER (AREA CODE) | |
| **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. | | | | | |
| What is the best part about living here?  How long have you lived here?  Are you from around here?  If you could change one thing about living here, what would it be? | | | Other question (include the question and answer): | | |
| Select one: **Resident Interview**  **Representative Interview** | | | | | |
| **Instructions:** The questions identified as **\*\*HCBS** questions are **REQUIRED** questionsand **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. | | | | | |
| 1. **Care and Service Needs (Required \*\*HCBS question in this section)** | | | | | |
| Y N D | \*\* Can you make choices about the care and services you receive here at the home? | | No Concerns | | |
| 1. **Response to Concerns (Required \*\*HCBS question in this section)** | | | | | |
| Y N D | \*\* Do they pay attention to what you have to say? | | No Concerns | | |
| 1. **Support of Personal Relationships (Required \*\*HCBS question in this section)** | | | | | |
| Y N D | \*\* Can you choose who visits you and when? | | No Concerns | | |
| 1. **Meals / Snack / Preferences (Required \*\*HCBS question in this section)** | | | | | |
| Y N D | \*\* Do you have access to food anytime? | | No Concerns | | |
| 1. **Respect of Individuality, Independence, Personal Choice, Dignity (Two required \*\*HCBS questions in this section)** | | | | | |
| Y N D | \*\* Can you choose to lock your door? | | No Concerns | | |
| Y N D | \*\* If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to? | | No Concerns | | |
| 1. **Activities (Two required \*\*HCBS questions in this section)** | | | | | |
| Y N D | \*\* Do you have an opportunity to participate in community activities? | | No Concerns | | |
| Y N D | \*\* Do you receive services in the community? | | No Concerns | | |
| 1. **Homelike Environment (Select the question asked by checking the box next to that question)** | | | | | |
| Y N D | Are you comfortable here?  Is the temperature comfortable to you?  Other: | | No Concerns | | |
| 1. **Reasonable House Rules (Select the question asked by checking the box next to that question)** | | | | | |
| Y N D | Tell me about the house.  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?  Other: | | No Concerns | | |
| 1. **Sense of Well-Being and Safety (Select the question asked by checking the box next to that question)** | | | | | |
| Y N D | Do you feel safe here?  Other: | | No Concerns | | |
| 1. **Notice (Select the question asked by checking the box next to that question)** | | | | | |
| Y N D | Do you handle your own finances or does someone help you with that?  What were you told about paying for your own care here?  Other: | | No Concerns | | |
| NOTES | | | | | |