|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Resident Interview** | **Attachment E** |
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| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | INSPECTION DATE | LICENSOR’S NAME |
|  |
| RESIDENT’S NAME | RESIDENT NUMBER | ROOM NUMBER | PAY STATUS[ ]  Private [ ]  State |
| BRIEF REVIEW OF PERSON-CENTERED SERVICE PLAN |
| The six (6) questions in Section A are **required** questions and **must** be asked as written during the interview. 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. |
| **A. Select one.**[ ]  Resident Interview [ ]  Representative Date of interview:  Time of interview:  |
|  Y N D [ ]  [ ]  [ ]  Can you make choices about the care and services you receive here at the facility? [ ]  [ ]  [ ]  Do you have an opportunity to participate in community activities? [ ]  [ ]  [ ]  Can you choose who visits you and when? |  Y N D [ ]  [ ]  [ ]  Do they pay attention to what you have to say? [ ]  [ ]  [ ]  Can you choose to lock your door? [ ]  [ ]  [ ]  Do you have access to food anytime? |
| Document clients’ answers for questions or declination to answer. Ask at least one question or a related question for Sections B – K. |
| 1. **Care and Service Needs** **[ ]  Declined to answer.**
 |
| Do you get the help you need? |
| 1. **Support of Personal Relationships (if the resident has family or significant others) [ ]  Declined to answer.**
 |
| Do you have friends or family in the community that you visit with? |
| 1. **Reasonable House Rules [ ]  Declined to answer.**
 |
| Does anyone tell you that you can’t do the things you want to do? |
| 1. **Respect of Individuality, Independence, Personal Choice, Dignity [ ]  Declined to answer.**
 |
| Can you make your own choices? |
| 1. **Homelike Environment [ ]  Declined to answer.**
 |
| Tell me about your room. Did you help decorate it? |
| 1. **Response to Concerns [ ]  Declined to answer.**
 |
| Who would you talk to if you had concerns? |
| 1. **Sense of Well-Being and Safety [ ]  Declined to answer.**
 |
| Do you feel safe here? |
| 1. **Meals / Snacks / Preferences [ ]  Declined to answer.**
 |
| How is the food here? |
| 1. **Activities [ ]  Declined to answer.**
 |
| What kinds of things do you like to do for fun? |
| 1. **Notice [ ]  Declined to answer.**
 |
| Does anyone tell you how you can spend your money? |