|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Other Contact Interview** | **Attachment F** |
| --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | INSPECTION DATE |
| LICENSOR’S NAME | Inspection Type: [ ]  Full [ ]  Follow up [ ]  Complaint:  |
|  |
| RESIDENT’S NAME | RESIDENT NUMBER | INTERVIEW DATE |
| CONTACT NAME AND NUMBER | RELATIONSHIP TO RESIDENT |
| NOTES |
|  |
| RESIDENT’S NAME | RESIDENT NUMBER | INTERVIEW DATE |
| CONTACT NAME AND NUMBER | RELATIONSHIP TO RESIDENT |
| NOTES |
| **Notes** |
|  |