

**RESIDENT CONTACT INFORMATION SHEET INCLUDING QUESTIONS FOR  
RESIDENT INTERVIEW<sup>1</sup>**

**Name:**

**Room #**

**Payor:**

**Age:**

**Possible county of origin:**

**Guardian name** (if applicable/known):

**Guardian phone number** (if applicable/known):

**Family member name** (if applicable/known):

**Family phone number** (if applicable/known):

**DIAGNOSES:**

- Alzheimer's?
- Dementia?
- Anxiety?
- Depression?
- Bipolar?
- Psychotic?
- Schizophrenia?
- PTSD?

**Sex Offender Registry?**

**Proposed discharge:**

**Connected to Home Choice ?**

**PASRR Review:**

**Next action:**

**Comments:**

**Relocation representative:**

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<sup>1</sup> Adapted from "Initial Resident Contact to Merge 2015" form from Ohio Long-Term Care Ombudsman Program.

**RESIDENT INTERVIEW:**

Explain letter and termination information: May 23rd is decertification date; June 22nd will be final date of payment from M/M. *Explain that if they have a MyCare Plan, their plan care manager will be in touch with additional assistance.*

Ask:

- Anyone you want to move with? (roommate, family)
- Any preference on where you might want to move? (nearness to family, hometown, etc)
- Any obstacles to move (either told or observed)
- Any concerns – possessions, medication, special equipment?
- Anyone other than the person listed as your family contact we should notify?
- Before you came to the nursing home did you receive services through any agencies/providers in the community, and if so, who?
- Have you been in any other local nursing home(s)?

Veteran? \_\_\_\_\_

Smoker? \_\_\_\_\_

**IMPRESSIONS:**

Impression of capacity:

Impression of less institutional possibilities:

Action items for follow up:

Home Choice Application    DONE / NEEDED

Residential State Supplement App

DONE / NEEDED