

**OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN
VOLUNTEER ASSOCIATE INTAKE SHEET**

Date Rec'd _____ Volunteer Name: _____

Provider Name _____ (circle one): NH RCF RF2

Time spent on complaint _____ (minutes)

Complainant (IF OTHER THAN RESIDENT) _____

Check Box: POA Guardian Family Other _____

Address _____

Phone Number _____

Relationship to Client _____

Resident Contact Information

Name of Resident _____

Room # _____ Date of Birth _____

Phone # _____ Capacity Check Box: Full Limited None

Complainant Consent: (use consent form if necessary and attach)

Verbal / Written consent to Reveal Identity: Yes / No

Verbal / Written consent to Investigate: Yes / No

Resident Consent: (use consent form if necessary and attach)

Verbal / Written consent to Reveal Identity: Yes / No

Verbal / Written consent to Investigate: Yes / No

Introduced Self and Explained the role of the ombudsman: Yes / No (circle one)

Complaint/Problem Statement as presented by the complainant or resident (circle one)

Prior actions taken by complainant or resident to resolve complaint (circle one)

Desired goal statement as presented by complainant or resident (circle one) including specific outcome, Measurable, Accountable, Realistic and Timely.

Possible next steps discussed with complainant or resident (circle one)

Action taken by the volunteer on visit (observations, scope interviews, and any documents accrued from written consent accessed and any follow up with client/complainant after actions):
