

STAFF CONTACT FORM

Interviewer ID

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 Name

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List CNAs or other line staff who are in a position to know resident. To qualify, staff MUST have cared for specific resident at least two weeks. Include day and evening shift personnel. Only list licensed and professional personnel such as nurses and LPN=s, if you cannot find CNA=s and paraprofessional personnel to list.

Staff name	Shift	Job title	Notes: Include whether this staff member is a strong choice or a backup.

I have received gift certificate # _____ SS# _____ - _____ - _____ Date ____/____/____

Print Name _____ Sign Name _____

Person providing line staff names:	Role	Names Provided

5	6
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