

## Connections with Family and Friends

Who is this person's closest relative or guardian? We will send a mail survey to this individual.

0. Does this person have relative(s) who might respond to a survey about the person's well-being?

1. No known relatives to survey

\_\_\_\_\_ 2. Yes, relatives are known, but THEY WANT NO CONTACT

(We will NOT mail a survey to them.)

3. Yes

**BE SURE TO GET COMPLETE ADDRESSES, INCLUDING ZIP CODES.**

**PLEASE COMPLETE THIS ADDRESS EVEN IF THE PERSON LIVES WITH THE RELATIVE. (Even if the relative's address is the same as the person's.)**

1. \_\_\_\_\_  
Name(s) of Relative or Guardian

2. \_\_\_\_\_  
Relationship to the Person

3. \_\_\_\_\_  
Complete Mailing Address, Including Apartment #, Line 1

4. \_\_\_\_\_  
Complete Mailing Address, Including Apartment #, Line 2

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_  
City or Town State Zip Code

8. \_\_\_\_\_ 9. \_\_\_\_\_  
Telephone Number Primary Language, if not English

10. **Involvement of Relative(s):** About how often do **any** relatives have the following kinds of contact with this person? (Accept times per week, or per month, and convert to approximate number of times per year.) **(Enter N/A if the person lives with a relative.)**

About how many times in the past year? (Zero if none)

\_\_\_\_\_ 10a. Telephone calls (including talking with staff)

\_\_\_\_\_ 10b. Mail

\_\_\_\_\_ 10c. Relative visits person here at this home

\_\_\_\_\_ 10d. Person goes out with relative(s)

\_\_\_\_\_ 10e. Program Planning Meetings

\_\_\_\_\_ 10f. Consent for medical care