

**OMBUDSMAN MONTHLY REPORT**  
**Area Agency on Aging of the Capital Area**

Month: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Ombudsman Name: \_\_\_\_\_

Date of Visit or Phone Call	Round Trip Miles	Length of Visit in Hours	Number of Resident Contacts	Number of Family/Other Contacts	Attendance at Family (F) or Resident @ Council Mtg.	Conducted Inservice R/F/S (topic)	Attended Inservice R/F/S (topic)	Consultation with Facility Staff (topic)	Survey Attended/ Number of Residents	Requests for Information and Assistance (topic)
Totals										

How may we help you?

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Please send me these forms/brochures/Outreach Materials:

- |                                                       |                                                      |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Ombudsman Program Brochures  | <input type="checkbox"/> Personal Home Care Dir.     |
| <input type="checkbox"/> AAA Brochures                | <input type="checkbox"/> Ombudsman Poster            |
| <input type="checkbox"/> Services to Residents Poster | <input type="checkbox"/> Resident Rights Poster (NH) |
| <input type="checkbox"/> Nursing Home Directory       | <input type="checkbox"/> Resident Rights Poster (AL) |
| <input type="checkbox"/> Assisted Living Directory    | <input type="checkbox"/> Promotional Items           |