AHRQ
Advancing Excellence in Health Care

Assisted Living
Provider Information Tool
For Consumer Education

Script for Verification of ALF Mailing Address and Name of Administrator/Executive Director

Good morning/afternoon. My name is _____ and I am calling from the University of North Carolina on behalf of the U.S. Agency for Healthcare Research and Quality (AHRQ).

We are conducting research for AHRQ and would like to mail some important materials to the Administrator/Executive Director of your assisted living community.

As such, I would like to verify the mailing address of the community and the name of the Administrator/Executive Director.

Please know that provision of this information is completely voluntary.

[BASED UPON RESPONDENT'S INITIAL TELEPHONE GREETING, VERIFY (WITHOUT ASKING THE RESPONDENT) THE NAME OF THE FACILITY AND RECORD ANY FACILITY NAME CHANGES BELOW:]

_____

Is the mailing address of your community _____ [READ THE FACILITY <u>ADDRESS</u> AS PRINTED BELOW AND RECORD ANY CHANGES]:

> Preprinted facility name, address and telephone number
>
> Abt SRBI ID # XX-XXX

What is the name of your current Administrator/Executive Director?

_____

Thank you very much. I appreciate your help with this effort."

RESULT CODE – CIRCLE ALL THAT APPLY:

1. No changes to facility name and address
2. Facility name changed
3. Facility address changed
4. Refused to verify address
5. Refused to provide name of administer
6. Out-of-business/Could not locate the facility