# Stakeholder Questionnaire – Legal Service Provider – Unlicensed Facility (UF) Quarterly Health and Safety Visit

## Interview Details

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| --- | --- |
| Program name:  |  |
| Level of Care:  |  |
| Stakeholder’s Name: |  |
| Date/Time of Interview: |  |
| Type of Interview (phone and/or face-to-face): |  |
| Interview Completed by: |  |

Note: Before beginning the interview and/or providing this questionnaire to stakeholders, provide a brief introduction, including monitor role and purpose of monitoring visit, overview/purpose of interview, and clarify any questions. See *Introduction Prompt for Stakeholders* for additional guidance as needed. Questions in **bold** should be asked during the interview if possible. Other questions are optional prompts to assist the interviewer.

##  Notes

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| --- | --- |
| **Are you provided with everything you need to be able to conduct provide legal services?*** + Are you provided with adequate space to provide legal services?
	+ Are there any programmatic barriers that prevent you from being able to provide legal services?
 |  |
|  |  |
| **How are you informed of new arrivals/discharges?** * + Are you informed in a timely manner?
 |  |
| **How is the communication with program staff?**  |  |
| **Are you made aware of incidents that may impact a UC’s legal case (ex. Age outs, runaways, SIRs, etc.)?** |  |
| **Do you have issues/concerns to share with us?** |  |

## Additional Notes

Enter Additional Notes.