

FAMILY INVOLVEMENT INQUIRY ADDENDUM

Minnesota Rules, part 2960.0070, subpart 5(D)

CONTACT 1 OF 4

ADDENDUM - DO NOT USE AS A STANDALONE DOCUMENT

Attach this page to the resident's completed Family Involvement Inquiry. Use one page for each additional family member or concerned adult.

RESIDENT FULL NAME

RESIDENT ID

ORIGINAL INQUIRY DATE

1 FAMILY MEMBER OR CONCERNED ADULT CONTACTED

NAME

RELATIONSHIP TO RESIDENT

PHONE / EMAIL

CONTACT METHOD

DATE / TIME CONTACTED

Contact status

☒ Reached

☐ Not reached

☐ Declined to respond

2 FAMILY INQUIRY AND RESPONSE

What degree of involvement does this family member or concerned adult desire during the resident's stay at the facility?

☒ None

☐ Limited

☐ Moderate

☐ Extensive

☐ Unsure

Types of involvement desired

☐ Telephone / video contact

☐ In-person visits

☐ Case / treatment planning

☐ Family counseling

☐ Education planning

☐ Medical / service coordination

☐ Discharge / transition planning

☐ Other

FAMILY / CONCERNED ADULT RESPONSE - DESIRED INVOLVEMENT, PREFERENCES, CONCERNS, AND REASONS

PREFERRED FREQUENCY, SCHEDULE, CONTACT METHODS, OR ACCOMMODATIONS

IF NOT REACHED OR RESPONSE DECLINED: CONTACT ATTEMPTS, RESULTS, AND FOLLOW-UP PLAN

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CONTACT 2 OF 4

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RESIDENT FULL NAME

RESIDENT ID

ORIGINAL INQUIRY DATE

3 FAMILY MEMBER OR CONCERNED ADULT CONTACTED

NAME

RELATIONSHIP TO RESIDENT

PHONE / EMAIL

CONTACT METHOD

DATE / TIME CONTACTED

Contact status

☐ Reached

☐ Not reached

☐ Declined to respond

4 FAMILY INQUIRY AND RESPONSE

What degree of involvement does this family member or concerned adult desire during the resident's stay at the facility?

☐ None

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Types of involvement desired

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☐ Case / treatment planning

☐ Family counseling

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☐ Medical / service coordination

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☐ Other

FAMILY / CONCERNED ADULT RESPONSE - DESIRED INVOLVEMENT, PREFERENCES, CONCERNS, AND REASONS

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CONTACT 3 OF 4

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RESIDENT FULL NAME

RESIDENT ID

ORIGINAL INQUIRY DATE

5 FAMILY MEMBER OR CONCERNED ADULT CONTACTED

NAME

RELATIONSHIP TO RESIDENT

PHONE / EMAIL

CONTACT METHOD

DATE / TIME CONTACTED

Contact status

☐ Reached

☐ Not reached

☐ Declined to respond

6 FAMILY INQUIRY AND RESPONSE

What degree of involvement does this family member or concerned adult desire during the resident's stay at the facility?

☐ None

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Types of involvement desired

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☐ Family counseling

☐ Education planning

☐ Medical / service coordination

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☐ Other

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CONTACT 4 OF 4

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RESIDENT FULL NAME

RESIDENT ID

ORIGINAL INQUIRY DATE

7 FAMILY MEMBER OR CONCERNED ADULT CONTACTED

NAME

RELATIONSHIP TO RESIDENT

PHONE / EMAIL

CONTACT METHOD

DATE / TIME CONTACTED

Contact status

☒ Reached

☐ Not reached

☐ Declined to respond

8 FAMILY INQUIRY AND RESPONSE

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