VOLUNTEER OMBUDSMAN HOURS FOR FACILITY WORK

Month/Year _____ Name_____

Facility Name	Date	DPAHC Y/N & Time	Topic & Time for Each Category Below							
			Resident Visitation Non-Complaint		Resident Visitation Complaint		Ombudsman Training	Resident Council	Family Council or Survey	Travel Time
		Hr.	Hr.	Topic	Hr.	Topic				
TOTAL HOURS:										*Do not include with total hours.

* Grand Total Direct Service Hours: _____

Topics:	B-Behavior	C-Choice Options	O-Ombudsman Services	R-Regulations
	E-Elder Abuse	F-Family	Ot-Other	RR-Residents Rights

Rev Date: 08/09/05