

Louisiana Department of Health
Economic Stability – Performance & Quality Improvements
Quality Control

QUALITY CONTROL COLLATERAL STATEMENT

Date: _____

Case Name: _____

QC Review Number: _____

QC ES Specialist: _____

The above-named person has given consent for release of information requested below in order to complete a federally-mandated quality control review. Please complete this form and return to the address or fax number listed above by _____. Thank you for your cooperation.

1. _____ lives at _____
(Above-named person) (Street Address, City, State, Zip Code)

2. Please list **all persons** living in the home and their relationship to the above-named person.

Name	Relationship to Tenant
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. How long has the household lived at the above address? _____

4. What is your relationship to the household? Neighbor Unrelated Friend Other(Explain below.)

Signature: _____ Date: _____

Print your name: _____

Address: _____

Telephone number where you can be reached during the day: _____