



MISSISSIPPI DIVISION OF
MEDICAID

B2I Contact Information for National Quality of Life Survey (Study)



Section I-Facility Residence

Participant Name: _____ Medicaid ID #: _____

Facility of Residence: _____

Facility Address: _____ Facility contact: _____

_____ Phone number: _____

Guardian/Caregiver Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Community Navigator: _____ Provider Agency: _____

Other contacts (names/numbers/relationship): _____

Section II-Community Residence *Note: A new form must be completed if the resident moves during the 24-month Study.*

B2I Participant Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Work/Other Phone: _____

Special Directions: _____

Guardian/Caregiver Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Community Navigator: _____ Provider Agency: _____

Other contacts (names/numbers/relationship): _____