

Month:.....

RGC Site:

*Do you experience any difficulties with residents:no/yes/Specify.....

*Do the equipment or materials provided by RGC still ensure your comfort and safety:
yes/no/Specify.....

*Do the internal missions (tasks) assigned to you still suit you:
yes/no/Specify.....

*Do you encounter any difficulties with visitors/guests or external persons:
no/yes/Specify.....

*Regarding the “Saturday Night” activity – do you currently feel comfortable with this situation:yes/no/Specify.....

Do you have any suggestions to improve your personal care/support?.....

*Regarding the association and its missions, in which your participation is a daily asset, do you still wish to continue your care/support:
yes/no/Specify.....

Personnel identification plate
number:.....

Signature: