

Facility Contact Sheet

A single-page reference for our team to know who to call before, during, and after every visit. Please fill out once per facility and update yearly.

Facility

Facility Name: _____

Full Address: _____

Main Phone: _____

Facility Email: _____

Fax (if used): _____

Key Contacts

Administrator - Name & Phone: _____

Activity Director - Name & Phone: _____

Dietary / Food Services Lead - Name & Phone: _____

Infection Control / Nursing Supervisor - Name & Phone: _____

Maintenance / Setup Contact: _____

Front Desk / Reception Phone: _____

After-Hours / Weekend Contact: _____

Visit Logistics

Visitor check-in location: _____

Loading / unloading location: _____

Parking instructions: _____

Activity room(s) typically used: _____

A/V or setup equipment available: _____

Signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.