EXHIBIT 11-E

Telephone Service Checklist

Date of Evaluation: ________________________________

Name of Evaluator: ________________________________

Time(s) Test Calls were made:
   a. ______________________
   b. ______________________
   c. ______________________

How many times did the phone ring before it was picked up?
   ________________________________

If the evaluator was put on hold prior to being helped, how long was the person on hold? _________

Who was assigned telephone responsibility for the date(s) of the test?
   ________________________________

Who answered the phones? _________________________

Comments about how the phone was answered:
   • Was the person who answered the phone courteous?
   • Was it clear that the caller had reached the Ombudsman Program?
   • Was the information provided accurate and timely?
   • If a referral was made, was the referral number accurate and appropriate?
   • If a call back was promised, how long was it before the evaluator received a call? ________________________________