

# Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

This is a required document per 144G.40 Subd. 2 ([www.revisor.mn.gov/statutes/cite/144G.40](http://www.revisor.mn.gov/statutes/cite/144G.40)) of all assisted living facilities to describe the services, supports, and amenities available at the assisted living facility. Prospective residents and their families can use this tool to determine if the assisted living facility can meet their needs, allow them to compare options among various settings, and make informed decisions about selecting an assisted living facility setting. The information presented here may be important for a resident’s ability to age in place. Assisted living facilities are not required to provide all the services listed, and available services are subject to change. The facility will indicate which services are provided and any limitations that may pertain to the service.

You are also encouraged to tour facilities, talk with other residents, residents’ family members, or meet one-on-one with facility staff during the selection process. The disclosure checklist is not a substitute for the assisted living contract, which is a separate document that will include the specific services to be provided to the individual resident and the fees per services.

## General Information

This information is current as of (MM/DD/YYYY): 09/24/2025

Name of Assisted Living: Woodbury Estates

HFID: 30223

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 2825 Woodlane Dr. Woodbury, MN 55125

If services are provided at more than one building (on the assisted living campus), please list all locations below.

No additional buildings

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Facility/Campus listed above has the following license; Check one:

- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- Unlicensed staff are in the building and available to respond to resident requests 24/7
- Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in *addition* to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- Licensed staff are on site 24/7
- Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift:<sup>5</sup> \_\_\_\_\_

Evening Shift:<sup>5</sup> \_\_\_\_\_

Night shift:<sup>3</sup> \_\_\_\_\_

### Payment Options

The facility will indicate by placing an “X” in the “Accepted” column if the payment option is accepted (may check more than one). The facility may indicate in the “Comments” column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds as well as the number of months required.

#### Payment Options for Housing Contract

| Payment Option  | Accepted | Comments |
|---|----------|----------|
| Private Pay   | X        |          |
| Sliding Scale   |          |          |
| Housing Support (formerly Minnesota Group Residential Housing) Payments | X        |          |
| Federal rent subsidy  |          |          |
| Other; explain:   |          |          |

### Payment Options for Services

| Payment Option  | Accepted | Comments   |
|---|----------|--|
| Waivered Services (EW, CADI, BI); specify any limitations | X        | Accept EW. Dependent upon availability.  |
| Private Pay   | X        |  |
| Long Term Care Insurance                                  | X        | Resident responsible for payment, insurance payment made to client, service fees may apply |
| Other; explain:   |          |  |

### Services and Amenities Available

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

#### Section 1: Dementia Care

Pertains only to facilities with an **Assisted Living with Dementia Care** license

Check each service available at the location(s) listed above.

#### Dementia Care Services Available

| Service  | Available | Comments  |
|--|-----------|---|
| Secured unit or building for wandering or exit-seeking behavior                | X         | Memory Care Secured: Wander devices at exit   |
| Secured outdoor grounds on facility premises                                   |           |   |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | X         | Limited to resident with wander device in place based upon assessment. Additional fees may ap |
| Prepared to manage challenging behaviors                                       | X         | Based upon assessment and provider orders. Additional fees may apply.                         |
| Other; specify:  |           |   |

## Section 2: Medication Management

Check each service available at the location(s) listed above.

### Medication Management Services Available

| Service  | Available | Comments   |
|--|-----------|--|
| Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments |           |  |
| Communication with physician/pharmacy about ordering or refill requests  | X         | With medication management services, fee based on assessment and frequency                 |
| Medication administration by licensed or unlicensed personnel  | X         | With medication management services, fee based on assessment and frequency                 |
| Delivery of medication to resident previously set up by the facility nurse                                     | X         | With medication management services, fee based on assessment and frequency                 |
| Medications set up by nurse for resident to self-administer  | X         | With medication management services, fee based on assessment and frequency                 |
| Delivery of medication from the original containers to resident  |           |  |
| Delivery of liquid or food to resident if required to ingest medication  | X         | Based upon assessment  |
| Delegation of medication management services by licensed health professional to unlicensed staff               | X         | Primary method of delivery   |
| Central storage of medication  | X         | Centralized storage of controlled substances   |
| Diabetic Care: insulin pen dosing  | X         | Fee based on frequency and complexity as determined by assessment                          |
| Diabetic Care: insulin pump management   |           |  |
| Diabetic Care: insulin syringe dosing  |           |  |
| Diabetic Care: sliding scale insulin management  | X         | Can accept scheduled insulin & additional parameters. Fees may vary based on RN assessment |
| Clinical monitoring of labs related to medications   | X         | Based on provider orders and availability of lab service. Fee based upon assessment.       |
| Anticoagulant medication management  | X         | Oral medications only. Fee based upon assessment.  |
| B-12 injections  | X         | Based upon assessment and frequency. Requires provider order. Fee based upon assessment.   |

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| Service  | Available | Comments  |
|--|-----------|---|
| Nutritional supplement administration                              | X         | Per Physicans orders - Fees vary based on RN assessment                                   |
| (IV) Intravenous management  |           |   |
| PICC lines (Peripherally Inserted Central Catheter)                |           |   |
| Injections; specify types or limits in comments (IM, SQ)           | X         | IM, SQ. Based upon assessment, frequency, and provider orders. Additional fees may apply. |
| Nebulizers   | X         | Based upon assessment and provider orders. Additional fee may apply.                      |
| Inhalers   | X         | Based upon assessment and provider orders. Additional fees may apply.                     |
| Ear drops  | X         | Based upon assessment and provider orders. Additional fee may apply.                      |
| Eye drops  | X         | Based upon assessment and provider orders. Additional fee may apply.                      |
| Topicals   | X         | Based upon assessment and provider orders. Additional fee may apply.                      |
| Patches  | X         | Based upon assessment and provider orders. Additional fee may apply.                      |
| Medication delivery via enteral (feeding) tube                     |           |   |
| Pain pump management   |           |   |
| Medical cannabis administration (pill form) for certified patients |           |   |
| Medical Cannabis storage for certified patients                    |           |   |
| Cannabidiol oil administration for certified patients              |           |   |
| Other; specify:  |           |   |

### Section 3: Treatments & Therapies

Check each service available at the location(s) listed above.

#### Treatments & Therapies Available

| Service   | Available | Comments   |
|---|-----------|--|
| Verbal or visual reminders to perform regularly scheduled treatments or exercises | X         | Fees may vary based on RN assessment   |
| Wound care: basic   | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| Wound care: complex   |           | Available under resident arrangement with third party.                                       |
| Diabetic care: blood glucose monitoring   | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| Diabetic care: foot/nail care   | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| C-PAP   | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| Bi-PAP  | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| Oxygen Management; specify any delivery system limitations                        | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| Oxygen saturation checks  | X         | Based upon assessment and provider orders. Additional fee may apply.                         |
| Ventilators   |           |  |
| Suctioning  |           |  |
| Tracheostomy Care: cleaning of site and tube                                      |           |  |
| Tracheostomy Care: showering assistance   |           |  |
| Tracheostomy Care: suctioning assistance  |           |  |
| Pacemaker Checks  | X         | Based upon availability of completing remotely, and nursing assessment with provider orders. |
| Arrange for On-Site Dialysis  |           |  |
| Arrange for/set-up Off-Site Dialysis  | X         | Can provide resources for third party transportation   |

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| Service  | Available | Comments   |
|--|-----------|--|
| Peritoneal Dialysis (on-site)                              |           |  |
| Compression stockings                                      | X         | Based upon assessment and provider orders. Additional fee may apply. |
| Lymphedema wraps   |           | Provided under resident arrangement through third party              |
| Fall Prevention: balance assessments                       |           | Provided under resident arrangement through third party              |
| Fall Prevention: exercise programs                         |           | Provided under resident arrangement through third party              |
| Fall Prevention: strength training                         |           | Provided under resident arrangement through third party              |
| Integrative Health Services: acupuncture                   |           |  |
| Integrative Health Services: aromatherapy                  | X         | Limited based upon availability and assessment                       |
| Integrative Health Services: healing touch                 |           |  |
| Integrative Health Services: massage                       |           |  |
| Blood pressure checks                                      | X         | Based upon assessment and provider orders. Additional fee may apply. |
| Daily weight check   | X         | Based upon assessment and provider orders. Additional fee may apply. |
| Indwelling urinary catheter care; emptying and bag changes | X         | Based upon assessment and provider orders. Additional fee may apply. |
| Indwelling urinary catheter replacement by nurse           |           | Available under arrangement with third party.                        |
| Straight (intermittent) catheter assistance                |           |  |
| Suprapubic catheter care                                   | X         | Based upon assessment and provider orders. Additional fee may apply. |
| Ostomy care  | X         | Based upon assessment and provider orders. Additional fee may apply. |
| Arrangements for and coordination with hospice care        | X         |  |
| End-of-life palliative care                                | X         |  |

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| Service  | Available | Comments |
|--|-----------|----------|
| Access to and training on use of automatic electronic defibrillators (AED) |           |          |
| Training of and use of Cardiopulmonary Resuscitation (CPR)                 |           |          |
| Other; specify:  |           |          |

### Section 4: Assistance with Activities of Daily Living

Check each service available at the location(s) listed above.

#### Assistance with Daily Living Activities Available

| Service   | Available | Comments   |
|---|-----------|--|
| Dressing  | X         | Based on RN assessment                                 |
| Bathing: shower   | X         | Based on RN assessment                                 |
| Bathing: bathtub  | X         | Based on RN assessment                                 |
| Oral hygiene  | X         | Based on RN assessment                                 |
| Denture care  | X         | Based on RN assessment                                 |
| Cuing/reminders for self-cares                                    | X         | Based on RN assessment                                 |
| Use of special utensils   | X         | Based on RN assessment                                 |
| Feeding assistance for residents with complicated eating problems | X         | Limited to Memory Care only. Additional fee may apply. |
| Set-up and cut food at meals                                      | X         | Based on RN assessment. Additional fee may apply.      |
| Manual Feeding; specify limits in comments                        | X         | Limited to Memory Care only. Based on RN assessment    |
| Tube Feeding; specify limits in comments                          |           |  |
| Feeding in common area with one staff member per resident         |           |  |

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| Service   | Available | Comments               |
|---|-----------|------------------------|
| Feeding in resident's apartment with one staff member per resident        |           |                        |
| Grooming: hair care, make-up, shaving, application of lotion, etc.        | X         | Based on RN assessment |
| Nail care: toenails, fingernails  | X         | Based on RN assessment |
| Toileting: standby assistance/supervision                                 | X         | Based on RN assessment |
| Changing incontinence products; perineal care                             | X         | Based on RN assessment |
| Ordering replacement incontinence products                                | X         |                        |
| Assistance with bowel and bladder control, devices, and training programs |           |                        |
| Other; specify:   |           |                        |

## Section 5: Mobility Support

Check each service available at the location(s) listed above.

### Mobility Services Available

| Service                                 | Available | Comments  |
|---|-----------|---|
| Standby Assistance                      | X         | Based on RN assessment                            |
| Transfers with assist of one staff      | X         | Based on RN assessment. Additional fee may apply. |
| Transfers with assist of two staff      | X         | Based on RN assessment. Additional fee may apply. |
| Transfers utilizing sit-to-stand lifts  | X         | Based on RN assessment. Additional fee may apply. |
| Transfers utilizing sliding boards      | X         | Based on RN assessment. Additional fee may apply. |
| Transfers utilizing bariatric equipment |           |   |
| Ceiling lift transfers                  |           |   |

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| Service                               | Available | Comments  |
|---------------------------------------|-----------|---|
| Non-mechanical transfers (trapeze)    | X         | Based on RN assessment. Additional fee may apply.                 |
| Mechanical lift: assist of 1 transfer |           |   |
| Mechanical lift: assist of 2 transfer | X         | Based on RN assessment. Additional fee may apply.                 |
| Ambulation with assist of 1           | X         | Based on RN assessment. Additional fee may apply.                 |
| Bed mobility                          | X         | Based on RN assessment. Additional fee may apply.                 |
| Assistance with chair mobility        | X         | Based on RN assessment.   |
| Chair Glide System                    |           |   |
| Mechanical Stair Lift System          |           |   |
| Handrails; in personal space          | X         | Grab bars in bathrooms. Additional devices based upon assessment. |
| Elevators                             | X         |   |
| Other; specify:                       |           |   |

## Section 6: Security & Monitoring

Check each service/option available at the location(s) listed above.

### Security and Monitoring Services

| Service                        | Available | Comments  |
|--------------------------------|-----------|---|
| Every 15-minutes safety checks | X         | Short-term emergent situations; additional fees may apply |
| Every 30-minutes safety checks | X         | Short-term emergent situations; additional fees may apply |
| Hourly safety checks           | X         | Short-term emergent situations; additional fees may apply |
| Every two-hours safety checks  | X         | Based on RN assessment. Additional fees may apply.        |

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| Service   | Available | Comments   |
|---|-----------|--|
| Daily safety checks   | X         | Available to all residents. Additional fee may apply.                                  |
| Emergency call system; specify type in comments                           | X         | Emergency pendants provided to residents based on RN assessment                        |
| Non-emergency call system; specify type in comments                       |           |  |
| Digital wander alert device on resident                                   | X         | Wanderguards devices available based on resident assessment. Additional fee may apply. |
| Wander alert system at facility exits                                     | X         | Applicable to residents wearing wander guards.   |
| Staff monitoring at facility exits; specify method in comments            |           |  |
| Visitor check-in/check-out at facility main entrance                      |           |  |
| Bed alarms or movement sensing technology                                 |           |  |
| Door sensors: specify locations (unit, resident room, exits, etc.)        | X         | Apartment door alarms available in memory care. All alarms based on RN assessment      |
| Security Guard  |           |  |
| Security cameras in common spaces   | X         |  |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | X         | Key fob on front Entrance  |
| Other lock systems: specify locations (unit, resident room, exits, etc.)  | X         | Standard keys on apartments  |
| Emergency generator(s) to power the facility during power outages         |           |  |
| Other; specify:   |           |  |

## Section 7: Dining and Nutrition

Check each service/option available at the location(s) listed above.

### Dining and Nutrition Services

| Service   | Available | Comments   |
|---|-----------|--|
| Three meals available, plus snacks                  | Required  |  |
| Breakfast available in community space              | X         |  |
| Breakfast available; delivered to apartment         | X         | Additional fees may apply                          |
| Lunch available in community space                  | X         |  |
| Lunch available; delivered to apartment             | X         | Additional fees may apply                          |
| Dinner available in community space                 | X         |  |
| Dinner available; delivered to apartment            | X         | Additional fees may apply                          |
| Meal tray delivery and pick-up from resident's unit | X         | Additional fees may apply                          |
| Meal preparation in resident's unit                 |           |  |
| Thickened Liquids; specify limits in comments       | X         | Additional fees may apply                          |
| Modified Texture Diets; specify limits in comments  | X         | Additional fees may apply                          |
| Therapeutic Diets: cardiac                          |           |  |
| Therapeutic Diets: diabetic or calorie controlled   |           |  |
| Therapeutic Diets: gluten-free                      | X         | Gluten sensitive menu items available upon request |
| Therapeutic Diets: high fiber                       |           |  |
| Therapeutic Diets: low fat/low cholesterol          |           |  |
| Therapeutic Diets: low sodium                       |           |  |

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| Service  | Available | Comments |
|--|-----------|----------|
| Therapeutic Diets: no added salt                                   |           |          |
| Therapeutic Diets: renal diet                                      |           |          |
| Other special diets: kosher  |           |          |
| Other special diets: (vegetarian, vegan, etc.) specify in comments |           |          |
| Dietitian or Nutritionist Services                                 |           |          |
| Carbohydrate intake/tracking                                       |           |          |
| Meal consumption tracking  |           |          |
| Other; specify:  |           |          |

**Section 8: Supportive Services**

Check each service available at the location(s) listed above.

**Supportive Services Available**

| Service  | Available | Comments   |
|--|-----------|--|
| Daily “I’m okay” checks service; specify procedure in comments | X         | Available for resident choice to opt in/out of program. Additional fee may apply |
| Assistance with meals or food preparation                      |           |  |
| Daily Social and Recreational Services                         | Required  |  |
| Housekeeping: bed making                                       | X         | Additional fee may apply   |
| Housekeeping: defrost and clean refrigerator                   |           |  |
| Housekeeping: dusting  | X         | Light dusting included in weekly housekeeping                                    |
| Housekeeping: organize closets and drawers                     |           |  |

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| Service   | Available | Comments  |
|---|-----------|---|
| Housekeeping: trash removal; specify frequency in comments                                  | X         | Additional fee may apply  |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | X         | Included in weekly housekeeping   |
| Housekeeping: other; specify in comments  |           | Carpet and upholstery deep cleaning available through third party at an additional fee  |
| Laundry: linen (change bed, launder sheets, towels)   | X         | Additional fees may apply   |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments                   | X         | Additional fees may apply   |
| Laundry: other; specify in comments   |           |   |
| Schedule offsite social and recreational activities   | X         | Based on community calendar   |
| Schedule medical and social service appointments  |           |   |
| Assistance with arranging transportation for personal, social, and recreational activities  | Required  |   |
| Assistance with arranging transportation to medical and social services appointments        | Required  |   |
| Provide transportation to social and recreational activities                                | X         | Planned events by the community. Individual activities will not include transportation. |
| Provide transportation to medical and social service appointments                           |           |   |
| Assistance accessing community resources and social services                                | Required  |   |
| Shopping: facility sponsored  | X         | Per community schedule.   |
| Spiritual Care/Religious Services; on-site  | X         | Per community schedule.   |
| Assistance with bill paying/budgeting   |           |   |
| Communication boards or other supplemental communication devices                            |           |   |
| Primary languages spoken by staff   | X         | English   |
| Supervision of smoking  |           |   |

| Service         | Available | Comments |
|-----------------|-----------|----------|
| Other; specify: |           |          |

### Section 9: Staffing

Check each option available at the address location(s) listed above.

#### Staffing Available

| Staffing   | Available | Comments   |
|--|-----------|--|
| One-to-One staffing available                                  |           |  |
| One-to-One staffing for special circumstances                  |           |  |
| Overnight companion  |           |  |
| Registered Nurse: on-site “part time”                          |           |  |
| Registered Nurse: on-site “full time”                          | X         |  |
| Licensed Practical Nurse: on site “part time”                  |           |  |
| Licensed Practical Nurse: on-site “full time”                  | X         |  |
| Assisted Living Director: on-site “part time”                  |           |  |
| Assisted Living Director: on site “full time”                  | X         |  |
| Advanced Practice Registered Nurse: on-site “part time”        |           | Nurse Practitioner through third party available on-site |
| Advanced Practice Registered Nurse: on site “full time”        |           |  |
| Activities Director: Part Time                                 |           |  |
| Activities Director: Full Time                                 | X         |  |
| Dietician/Nutritionist consultant available or can be arranged | X         | Can be arranged through third party vendor               |

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| Staffing  | Available | Comments  |
|---|-----------|---|
| Physical Therapist available or can be arranged                 |           | Can be arranged through third party vendor  |
| Respiratory Therapist available or can be arranged              |           | Can be arranged through third party vendor  |
| Occupational Therapist available or can be arranged             |           | Can be arranged through third party vendor  |
| Speech Language Pathologist available or can be arranged        |           | Can be arranged through third party vendor  |
| Social Worker available or can be arranged                      |           | Can be arranged through third party vendor  |
| Other Licensed Professional available; specify type in comments |           | Psychology, Dental, and Podiatry are offered on campus through a third party vendor |
| Other; specify:   |           |   |

Section 10: Amenities

Check each option available at the location(s) listed above.

**Amenities Available**

| Amenity  | Available | Comments           |
|--|-----------|--------------------|
| Accessible bathrooms; specify limits in comments | X         |                    |
| Private units                                    | X         |                    |
| Semi-private units                               |           |                    |
| Studio/efficiency units                          | X         |                    |
| One-bedroom units                                | X         |                    |
| Two-bedroom units                                |           |                    |
| Kitchen/Kitchenettes in units                    | X         |                    |
| Internet access                                  | X         | Guest wifi network |

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| Amenity                              | Available | Comments  |
|--------------------------------------|-----------|---|
| Cable (television)                   |           | Cable connections available but service must be set up through outside provider |
| Pets allowed                         | X         | Additional fees and documents required  |
| Pet care; specify in comments        |           |   |
| Pool                                 |           |   |
| Whirlpool                            | X         |   |
| Exercise Room                        | X         |   |
| Library                              | X         |   |
| Activity Room                        | X         |   |
| Garden/outdoor spaces                | X         |   |
| Chapel                               | X         |   |
| Private entertaining space           | X         |   |
| Communal Dining room                 | X         |   |
| Beauty/Barber Shop                   | X         | Third party vendor. Additional fees apply.                                      |
| Parking available for residents      | X         |   |
| Parking available for guests         | X         |   |
| Guest accommodations                 | X         | Guest Suite available on campus   |
| Laundry Room accessible to Residents | X         |   |
| Washer-Dryer in units                |           |   |
| Central Air Conditioning             | X         |   |
| Fully sprinklered building           | X         |   |

| Amenity  | Available | Comments |
|--|-----------|----------|
| Designated smoking area inside (not apartment space) |           |          |
| Designated smoking area outside                      |           |          |
| Other; specify:                                      |           |          |

## Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\)](#) ([www.revisor.mn.gov/statutes/cite/144G.55](http://www.revisor.mn.gov/statutes/cite/144G.55)).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident’s assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident’s needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- [Office of Ombudsman for Long Term Care](https://mn.gov/board-on-aging/direct-services/ombudsman/) (<https://mn.gov/board-on-aging/direct-services/ombudsman/>); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities](https://mn.gov/omhdd/) (<https://mn.gov/omhdd/>); 1-800-657-3506
- Minnesota Directory for community resources: [www.MinnesotaHelp.Info](http://www.MinnesotaHelp.Info)
- [Minnesota Senior LinkAge Line](http://www.seniorlinkageline.com/) ([www.seniorlinkageline.com/](http://www.seniorlinkageline.com/)); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

\_\_\_\_\_  
Received Date

\_\_\_\_\_  
Individual or Legal/Designated Representative