

Uniform Disclosure of Assisted Living Services and Amenities

Purpose

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): 08/25/2024

Name of Assisted Living: Gable Pines

Unique building/unit descriptive (if applicable): 4 Story Building

Physical Address: 1260 East County Road E, Vadnais Heights, MN 55110

If the indicated services are provided for more than one building/unit (on the campus), list all additional buildings/units this applies to. Use additional pages if necessary.

No additional buildings/units

Additional Building:

Unique building/unit descriptive (if applicable): N/A

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): 4 Story Building

Physical Address (if different than above): _____

Additional Building:

Unique building/unit descriptive (if applicable): 4 Story Building

Physical Address (if different than above): _____

UNIFORM DISCLOSURE OF ASSISTED LIVING SERVICES & AMENITIES

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: 6

Evening Shift: 6

Night shift: 3

Payment Options

The facility will indicate by placing an “X” in the “Available” column if the payment option is accepted (may check more than one). Please indicate in the “Comments” column below if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds; and if yes, indicate 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 | | |
| Federal rent subsidy | | |

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| Payment Option | Accepted | Comments |
|----------------|----------|----------|
| Other; explain | | |

Payment Options for Services

| Payment Option | Accepted | Comments |
|---|----------|--|
| Waivered Services (EW, CADI, BI); specify any limitations | | |
| Private Pay | X | |
| Long Term Care Insurance | X | Community will assist resident and/or RP in claims submission. Res responsible for payment. Additional fee applies. See appendix B of residency agreement. |
| 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 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 | Access controlled designated unit via keypad or fob/badge access. |
| Secured outdoor grounds on facility premises | X | |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | | |
| Prepared to manage challenging behaviors | X | Except where health/safety of other VA or staff are at risk & other interventions ineffective. Add'l costs may apply. |

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| Service | Available | Comments |
|----------------------------|-----------|--|
| Other; specify in comments | X | A variety of non-pharmacological therapeutic interventions available to manage symptoms. |

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 | X | Additional points assessed in level of care. |
| Communication with physician/pharmacy about ordering or refill requests | X | Additional points assessed in level of care. |
| Medication administration by licensed or unlicensed personnel | X | Additional points assessed in level of care. |
| Delivery of medication to resident previously set up by the facility nurse | | |
| Medications set up by nurse for resident to self-administer | | |
| Delivery of medication from the original containers to resident | X | Additional points assessed in level of care. |
| Delivery of liquid or food to resident if required to ingest medication | X | Additional points assessed in level of care. |
| Delegation of medication management services by licensed health professional to unlicensed staff | X | Additional points assessed in level of care. |
| Central storage of medication | X | Stored in secure area including carts, refrigerator, cabinet. |
| Diabetic Care: insulin pen dosing | X | Additional points assessed in level of care. |
| Diabetic Care: insulin pump management | | |
| Diabetic Care: insulin syringe dosing | | |
| Diabetic Care: sliding scale insulin management | | |

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| Service | Available | Comments |
|--|-----------|--|
| Clinical monitoring of labs related to medications | X | Additional points assessed in level of care. |
| Anticoagulant medication management | X | Additional points assessed in level of care. |
| B-12 injections | X | Additional points assessed in level of care. |
| Nutritional supplement administration | X | Additional points assessed in level of care. |
| (IV) Intravenous management | | |
| PICC lines (Peripherally Inserted Central Catheter) | | |
| Injections; specify types or limits in comments (IM, SQ) | X | Additional points assessed in level of care. |
| Nebulizers | X | Additional points assessed in level of care. |
| Inhalers | X | Additional points assessed in level of care. |
| Ear drops | X | Additional points assessed in level of care. |
| Eye drops | X | Additional points assessed in level of care. |
| Topicals | X | Additional points assessed in level of care. |
| Patches | X | Additional points assessed in level of care. |
| 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 | | |

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| Service | Available | Comments |
|----------------------------|-----------|--|
| Other; specify in comments | X | Suppositories and enemas. Additional points assessed in level of care. |

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 | Additional points assessed in level of care. |
| Wound care: basic | X | Coordination with outside provider. Additional points assessed in level of care. |
| Wound care: complex | | |
| Diabetic care: blood glucose monitoring | X | Additional points assessed in level of care. |
| Diabetic care: foot/nail care | X | Coordinate with outside provider. Additional points assessed in level of care. |
| C-PAP | X | Additional points assessed in level of care. |
| Bi-PAP | X | Additional points assessed in level of care. |
| Oxygen Management; specify any delivery system limitations | X | Add'l points assessed in LOC. No liquid O2 allowed. No O2 on hand for emergencies. |
| Oxygen saturation checks | X | Additional points assessed in level of care. |
| Ventilators | | |
| Suctioning | | |
| Tracheostomy Care: cleaning of site and tube | | |
| Tracheostomy Care: showering assistance | | |

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| Service | Available | Comments |
|--|-----------|--|
| Tracheostomy Care: suctioning assistance | | |
| Pacemaker Checks | X | Additional points assessed in level of care. Coordinate with outside provider. |
| Arrange for On-Site Dialysis | | |
| Arrange for/set-up Off-Site Dialysis | X | Additional points assessed in level of care. |
| Peritoneal Dialysis (on-site) | | |
| Compression stockings | X | Additional points assessed in level of care. |
| Lymphedema wraps | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Fall Prevention: balance assessments | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Fall Prevention: exercise programs | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Fall Prevention: strength training | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Integrative Health Services: acupuncture | | |
| Integrative Health Services: aromatherapy | | |
| Integrative Health Services: healing touch | | |
| Integrative Health Services: massage | | |
| Blood pressure checks | X | Additional points assessed in level of care. |
| Daily weight check | X | Additional points assessed in level of care. |
| Indwelling urinary catheter care; emptying and bag changes | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Indwelling urinary catheter replacement by nurse | | |

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| Service | Available | Comments |
|--|-----------|--|
| Straight (intermittent) catheter assistance | | |
| Suprapubic catheter care | | |
| Ostomy care | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Arrangements for and coordination with hospice care | X | Coordinate with outside provider. Additional points assessed in level of care. |
| End-of-life palliative care | X | Coordinate with outside provider. Additional points assessed in level of care. |
| Access to and training on use of automatic electronic defibrillators (AED) | | |
| Training of and use of Cardiopulmonary Resuscitation (CPR) | X | Staff not universally trained. 911 called for Full Code. |
| Other; specify in comments | | |

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 | Additional points assessed in level of care. |
| Bathing: shower | X | Additional points assessed in level of care. |
| Bathing: bathtub | | |
| Oral hygiene | X | Additional points assessed in level of care. |
| Denture care | X | Additional points assessed in level of care. |
| Cueing/reminders for self-care | X | Additional points assessed in level of care. |

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| Service | Available | Comments |
|---|-----------|---|
| Use of special utensils | X | Resident is responsible to purchase and provide. |
| Feeding assistance for residents with complicated eating problems | X | Based on resident assessment. Additional points assessed in level of care. |
| Set-up and cut food at meals | X | Additional points assessed in level of care. |
| Manual Feeding; specify limits in comments | X | Hand-over-hand per assessment. Additional points assessed in level of care. |
| Tube Feeding; specify limits in comments | | |
| Feeding in common area with one staff member per resident | | |
| Feeding in resident's apartment with one staff member per resident | | |
| Grooming: hair care, make-up, shaving, application of lotion, etc. | X | Additional points assessed in level of care. |
| Nail care: toenails, fingernails | X | Additional points assessed in level of care. |
| Toileting: standby assistance/supervision | X | Additional points assessed in level of care. |
| Changing incontinence products; perineal care | X | Additional points assessed in level of care. |
| Ordering replacement incontinence products | X | Through preferred vendor. Resident responsible for cost. |
| Assistance with bowel and bladder control, devices, and training programs | | |
| Other; specify in comments | | |

Section 5: Mobility Support

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

Mobility Services Available

| Service | Available | Comments |
|---|-----------|--|
| Standby Assistance | X | Additional points assessed in level of care. |
| Transfers with assist of one staff | X | Additional points assessed in level of care. |
| Transfers with assist of two staff | X | Additional points assessed in level of care. |
| Transfers utilizing sit-to-stand lifts | X | Additional points assessed in level of care. |
| Transfers utilizing sliding boards | X | Additional points assessed in level of care. |
| Transfers utilizing bariatric equipment | | |
| Ceiling lift transfers | | |
| Non-mechanical transfers (trapeze) | X | Additional points assessed in level of care. |
| Mechanical lift: assist of 1 transfer | | |
| Mechanical lift: assist of 2 transfer | X | Additional points assessed in level of care. |
| Ambulation with assist of 1 | X | Additional points assessed in level of care. |
| Bed mobility | X | Additional points assessed in level of care. |
| Assistance with chair mobility | X | Additional points assessed in level of care. |
| Chair Glide System | | |
| Mechanical Stair Lift System | | |
| Handrails; in personal space | | |

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| Service | Available | Comments |
|----------------------------|-----------|--|
| Elevators | X | |
| Other; specify in comments | X | Bedside mobility device per community approved devices. Must have HCP order. |

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 | | |
| Every 30-minutes safety checks | | |
| Hourly safety checks | | |
| Every two-hours safety checks | | |
| Daily safety checks | | |
| Emergency call system; specify type in comments | X | Pull cord in apt bathroom & pendant for emergency. Frequency determines LOC. |
| Non-emergency call system; specify type in comments | X | Pendant for AL non-emergency use. Not for IL non-emergency use. Charges may apply. |
| Digital wander alert device on resident | | |
| Wander alert system at facility exits | | |
| Staff monitoring at facility exits; specify method in comments | X | At front entrance during limited hours. |
| Visitor check-in/check-out at facility main entrance | | |
| Bed alarms or movement sensing technology | X | Must be community approved device. Must have HCP order. |

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| Service | Available | Comments |
|---|-----------|--|
| Door sensors: specify locations (unit, resident room, exits, etc.) | X | Memory Care exits only. |
| Security Guard | | |
| Security cameras in common spaces | | |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | X | Badge access provided to each resident for exterior doors. |
| Other lock systems: specify locations (unit, resident room, exits, etc.) | X | A key is provided to each resident for their apartment door unless assessed otherwise. |
| Emergency generator(s) to power the facility during power outages | | |
| Other; specify in comments | | |

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 | Available at fee. Dining Room open during posted or set hours. |
| Breakfast available in community space | X | Available in dining room for a per meal price or through a meal package. |
| Breakfast available; delivered to apartment | X | Additional fee for a delivery. |
| Lunch available in community space | X | Available in dining room for a per meal price or through a meal package. |
| Lunch available; delivered to apartment | X | Additional fee for delivery. |
| Dinner available in community space | X | Available in dining room for a per meal price or through a meal package. |
| Dinner available; delivered to apartment | X | Additional fee for delivery. |

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| Service | Available | Comments |
|--|-----------|--|
| Meal tray delivery and pick-up from resident's unit | X | Additional fee for delivery. |
| Meal preparation in resident's unit | | |
| Thickened Liquids; specify limits in comments | X | Must be pre-thickened liquids. Resident responsible for cost. |
| Modified Texture Diets; specify limits in comments | X | Pureed, mechanical soft. |
| Therapeutic Diets: cardiac | | Choices provided. Resident must be able to self-monitor. |
| Therapeutic Diets: diabetic or calorie controlled | X | Requires physician order. |
| Therapeutic Diets: gluten-free | | Choices provided. Resident must be able to self-monitor. Non-gluten free kitchen |
| Therapeutic Diets: high fiber | | Choices provided. Resident must be able to self-monitor. |
| Therapeutic Diets: low fat/low cholesterol | | Choices provided. Resident must be able to self-monitor. |
| Therapeutic Diets: low sodium | | Choices provided. Resident must be able to self-monitor. |
| Therapeutic Diets: no added salt | | Choices provided. Resident must be able to self-monitor. |
| Therapeutic Diets: renal diet | | Choices provided. Resident must be able to self-monitor. |
| Other special diets: kosher | | |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | | Choices provided. Resident must be able to self-monitor. |
| Dietitian or Nutritionist Services | | |
| Carbohydrate intake/tracking | | |
| Meal consumption tracking | | |
| Other; specify in comments | X | Meals that are in packages - opt out option is available. |

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 | Optional at no cost. |
| Assistance with meals or food preparation | X | Additional fees for individual meals and food prep. |
| Daily Social and Recreational Services | Required | Included in base rent. Additional cost for certain events and outings. |
| Housekeeping: bed making | X | Frequency of service will determine fees. |
| Housekeeping: defrost and clean refrigerator | | |
| Housekeeping: dusting | X | Frequency of service will determine fees. No large items or small intricate items moved. |
| Housekeeping: organize closets and drawers | | |
| Housekeeping: trash removal; specify frequency in comments | X | IL responsible; AL One visit per week included in base rent, add'l fee applies. |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | X | AL One visit per week included in base rent, add'l fee applies. |
| Housekeeping: other; specify in comments | X | Add'l frequency can be requested and add'l fees will apply. |
| Laundry: linen (change bed, launder sheets, towels) | X | AL One time per week included in base rent. Add'l frequency can be requested for a fee. |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments | X | AL One time per week included in base rent. Add'l frequency can be requested for a fee. |
| Laundry: other; specify in comments | | |
| Schedule offsite social and recreational activities | X | Group social/recreational events planned. |
| Schedule medical and social service appointments | | |
| Assistance with arranging transportation for personal, social, and recreational activities | Required | Can assist to arrange for personal appts; add'l fees will apply. |

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| Service | Available | Comments |
|--|-----------|--|
| Assistance with arranging transportation to medical and social services appointments | Required | Can assist to arrange for personal appts; add'l fees will apply. |
| Provide transportation to social and recreational activities | X | Planned group activities & outings. Add'l fees may apply. |
| Provide transportation to medical and social service appointments | | |
| Assistance accessing community resources and social services | Required | See Executive Director or designee for assistance. |
| Shopping: facility sponsored | X | Part of Newtrax Circular. |
| Spiritual Care/Religious Services; on-site | X | |
| Assistance with bill paying/budgeting | | |
| Communication boards or other supplemental communication devices | X | |
| Primary languages spoken by staff | X | English is primary. Translation available, fees may apply. |
| Supervision of smoking | | |
| Other; specify in comments | | |

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 | | |

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| Staffing | Available | Comments |
|---|-----------|---|
| Registered Nurse: on-site “part time” | X | |
| Registered Nurse: on-site “full time” | X | RN available to staff by phone 24/7; Generally on-site M-F business hours. |
| Licensed Practical Nurse: on site “part time” | X | |
| Licensed Practical Nurse: on-site “full time” | X | |
| Assisted Living Director: on-site “part time” | | |
| Assisted Living Director: on site “full time” | X | Generally M-F business hours |
| Advanced Practice Registered Nurse: on-site “part time” | | |
| Advanced Practice Registered Nurse: on site “full time” | | |
| Activities Director: Part Time | | |
| Activities Director: Full Time | X | Arrange, coordinate and lead activities. Some activities led by ULP and volunteers. |
| Dietician/Nutritionist consultant available or can be arranged | X | As referred by Culinary Dir. Fees may apply for ongoing consultation after 1st mtg. |
| Physical Therapist available or can be arranged | X | Through outside agency. |
| Respiratory Therapist available or can be arranged | X | Through outside agency. |
| Occupational Therapist available or can be arranged | X | Through outside agency. |
| Speech Language Pathologist available or can be arranged | X | Through outside agency. |
| Social Worker available or can be arranged | | |
| Other Licensed Professional available; specify type in comments | X | Outside provider has rounding Nurse Practitioner/M.D.; Need to select as primary. |
| Other; specify in comments | | |

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 | X | |
| Kitchen/Kitchenettes in units | X | |
| Internet access | X | Complimentary access to secure WiFi. Add'l fee for apartment specific internet. |
| Cable (television) | X | Base package included. Additional fees may apply for add ons. |
| Pets allowed | X | Pet Fee and Agreement required prior to having a pet in apartment. |
| Pet care; specify in comments | | Resident must be able to care for pet independently or with family assist. |
| Pool | | |
| Whirlpool | | |
| Exercise Room | X | |
| Library | X | |
| Activity Room | X | |

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| | | |
|--|---|---|
| Garden/outdoor spaces | X | |
| Chapel | | |
| Private entertaining space | X | |
| Communal Dining room | X | |
| Beauty/Barber Shop | X | Additional fee, paid directly to the Licensed Beautician. |
| Parking available for residents | X | Additional fee for indoor garage parking. |
| Parking available for guests | X | |
| Guest accommodations | X | As occupancy allows. Fee applies. |
| Laundry Room accessible to Residents | X | |
| Washer-Dryer in units | X | Available in specific apartments. |
| Central Air Conditioning | X | |
| Fully sprinklered building | X | |
| Designated smoking area inside (not apartment space) | | Non-smoking building. |
| Designated smoking area outside | X | Designated area only. |
| Other amenity; specify in comments | X | Onsite rosary and communion; electric car charging port; wood shop; movie theater |
| Other amenity; specify in comments | X | Individual thermostat in units; game room; additional storage available for rent. |

Additional Information

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

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
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

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

Date (MM/DD/YYYY)

Individual or Legal/Designated Representative