

# 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): 09/15/2023

Name of Assisted Living: Talamore Senior Living--Woodbury

HFID: 39372

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

Facility Address: 289 Karen Drive Woodbury MN, 55129

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:

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- 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: 4

## 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 |          |          |
| Federal rent subsidy  |          |          |
| 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  | Resident to make arrangements for payments from LTC insurance, then pay Talamore for services |
| Other: explain:   | Resident to make arrangements for payment from VA, then pay Talamore for services. Talamore to assist with required documentation. |   |

### 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         | Key code/fob access to Memory Care Unit                                |
| Secured outdoor grounds on facility premises                                   | X         | Key code/fob access to Memory Care Unit                                |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior |           |  |
| Prepared to manage challenging behaviors                                       | X         | Case by case basis reviewed by RN. Available for residents on services |
| 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 | X         | Available for residents on services   |
| Communication with physician/pharmacy about ordering or refill requests  | X         | Available for residents on services   |
| Medication administration by licensed or unlicensed personnel  | X         | Available for residents on services   |
| Delivery of medication to resident previously set up by the facility nurse                                     | X         | Available for residents on services   |
| Medications set up by nurse for resident to self-administer  | X         | Available for residents on services   |
| Delivery of medication from the original containers to resident  | X         | Available for residents on services   |
| Delivery of liquid or food to resident if required to ingest medication  | X         | Available for residents on services   |
| Delegation of medication management services by licensed health professional to unlicensed staff               | X         | Available for residents on services   |
| Central storage of medication  | X         | Available for residents on services   |
| Diabetic Care: insulin pen dosing  | X         | Available for residents on services   |
| Diabetic Care: insulin pump management   |           |   |
| Diabetic Care: insulin syringe dosing  |           |   |
| Diabetic Care: sliding scale insulin management  | X         | Case by case basis as determined by RN. Available for residents on services |
| Clinical monitoring of labs related to medications   | X         | Available for residents on services   |
| Anticoagulant medication management  | X         | Available for residents on services   |
| B-12 injections  | X         | Available for residents on services   |

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| Service  | Available | Comments   |
|--|-----------|--|
| Nutritional supplement administration                              | X         | Resident/Family responsible for providing supplements. Available for residents on services |
| (IV) Intravenous management  |           |  |
| PICC lines (Peripherally Inserted Central Catheter)                |           |  |
| Injections; specify types or limits in comments (IM, SQ)           | X         | IM, SQ. Case by case basis as determined by RN assessment and ongoing review               |
| Nebulizers   | X         | Available for residents on services  |
| Inhalers   | X         | Case by case basis reviewed by RN. Available for residents on services                     |
| Ear drops  | X         | Available for residents on services  |
| Eye drops  | X         | Available for residents on services  |
| Topicals   | X         | Available for residents on services  |
| Patches  | X         | Available for residents on services  |
| 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

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| Service   | Available | Comments   |
|---|-----------|--|
| Verbal or visual reminders to perform regularly scheduled treatments or exercises | <b>X</b>  | Available for residents on services  |
| Wound care: basic   | <b>X</b>  | Determined by RN to delegate service, supplies provided by family/resident. Available for residents on services                |
| Wound care: complex   | <b>X</b>  | With the support of home care/wound care specialist. Supplies provided by family/resident. Available for residents on services |
| Diabetic care: blood glucose monitoring   | <b>X</b>  | Resident/Family responsible for supplies. Available for residents on services  |
| Diabetic care: foot/nail care   | <b>X</b>  | Case by case basis as determined by RN assessment and ongoing review. Available for residents on services                      |
| C-PAP   | <b>X</b>  | resident/family responsible for equipment and supplies. Available for residents on services                                    |
| Bi-PAP  | <b>X</b>  | resident/family responsible for equipment and supplies. Available for residents on services                                    |
| Oxygen Management; specify any delivery system limitations                        | <b>X</b>  | resident/family responsible for equipment and supplies. Limited to concentrator/transfill. Available for residents on services |
| Oxygen saturation checks  | <b>X</b>  | Available for residents on services  |
| Ventilators   |           |  |
| Suctioning  |           |  |
| Tracheostomy Care: cleaning of site and tube                                      |           |  |
| Tracheostomy Care: showering assistance   |           |  |
| Tracheostomy Care: suctioning assistance  |           |  |
| Pacemaker Checks  | <b>X</b>  | In conjunction with cardiology via phone. Resident/family to provide equipment. Available for residents on services            |
| Arrange for On-Site Dialysis  |           |  |
| Arrange for/set-up Off-Site Dialysis  | <b>X</b>  | Resident/family to arrange. Facility can provide names of companies on request. Available for residents on services            |

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| Service  | Available | Comments   |
|--|-----------|--|
| Peritoneal Dialysis (on-site)                              |           |  |
| Compression stockings                                      | X         | Resident/Family to provide supplies. Available for residents on services                         |
| Lymphedema wraps   |           |  |
| Fall Prevention: balance assessments                       | X         | Can be arranged by skilled provider. Available for residents on services                         |
| Fall Prevention: exercise programs                         | X         | In coordination with skilled physical therapist/home care. Available for residents on service    |
| Fall Prevention: strength training                         | X         | In coordination with skilled physical therapist/home care. Available for residents on service    |
| Integrative Health Services: acupuncture                   |           |  |
| Integrative Health Services: aromatherapy                  | X         | Resident/family responsible for supplies. Available for residents on services                    |
| Integrative Health Services: healing touch                 |           |  |
| Integrative Health Services: massage                       | X         | In coordination with outside services. Charges may apply.  |
| Blood pressure checks                                      | X         | Charges may apply. Available for residents on services   |
| Daily weight check   | X         | Resident/Family responsible for supplies. Charges may apply. Available for residents on services |
| Indwelling urinary catheter care; emptying and bag changes | X         | Resident/Family responsible for supplies. Available for residents on services                    |
| Indwelling urinary catheter replacement by nurse           |           |  |
| Straight (intermittent) catheter assistance                |           |  |
| Suprapubic catheter care                                   | X         | Resident/Family responsible for supplies. Available for residents on services                    |
| Ostomy care  | X         | Resident/Family responsible for supplies. Available for residents on services                    |
| Arrangements for and coordination with hospice care        | X         | Community to provide list of available options as needed. Available for residents on services    |
| End-of-life palliative care                                | X         | Community to provide list of available options as needed. Available for residents on services    |

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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)                 |           | Staff dial 911 and follow operator instructions |
| 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  | <b>X</b>  | Available for residents on services                              |
| Bathing: shower   | <b>X</b>  | Available for residents on services                              |
| Bathing: bathtub  | <b>X</b>  | Available for residents on services                              |
| Oral hygiene  | <b>X</b>  | Available for residents on services                              |
| Denture care  | <b>X</b>  | Available for residents on services                              |
| Cuing/reminders for self-cares                                    | <b>X</b>  | Available for residents on services                              |
| Use of special utensils   | <b>X</b>  | Resident/Family responsible for equipment.                       |
| Feeding assistance for residents with complicated eating problems | <b>X</b>  | Available in MC and EC only. Available for residents on services |
| Set-up and cut food at meals                                      | <b>X</b>  | Available in MC and EC only. Available for residents on services |
| Manual Feeding; specify limits in comments                        | <b>X</b>  | Available in MC and EC only. Available for residents on services |
| 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.        | <b>X</b>  | Available for residents on services  |
| Nail care: toenails, fingernails  | <b>X</b>  | As determined by RN on case-by-case basis. Available for residents on services   |
| Toileting: standby assistance/supervision                                 | <b>X</b>  | Available for residents on services  |
| Changing incontinence products; perineal care                             | <b>X</b>  | Available for residents on services  |
| Ordering replacement incontinence products                                |           |  |
| Assistance with bowel and bladder control, devices, and training programs | <b>X</b>  | As determined by RN on a case-by-case basis. Available for residents on services |
| Other; specify:   |           |  |

## Section 5: Mobility Support

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

### Mobility Services Available

| Service                                 | Available | Comments  |
|---|-----------|---|
| Standby Assistance                      | <b>X</b>  | Available for residents on services                             |
| Transfers with assist of one staff      | <b>X</b>  | Available for residents on services                             |
| Transfers with assist of two staff      | <b>X</b>  | Available for residents on services                             |
| Transfers utilizing sit-to-stand lifts  | <b>X</b>  | Available for residents on services                             |
| Transfers utilizing sliding boards      | <b>X</b>  | Available for residents on services                             |
| Transfers utilizing bariatric equipment | <b>X</b>  | Available for residents on services. Family to provide supplies |
| Ceiling lift transfers                  |           |   |

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| Service                               | Available | Comments   |
|---------------------------------------|-----------|--|
| Non-mechanical transfers (trapeze)    |           |  |
| Mechanical lift: assist of 1 transfer | X         | Resident/Family responsible for providing sling (Sit-to-stand lift) based on assessment. Available for residents on services |
| Mechanical lift: assist of 2 transfer | X         | Resident/Family responsible for providing sling based on assessment. Available for residents on services                     |
| Ambulation with assist of 1           | X         | Available for residents on services  |
| Bed mobility                          | X         | Available for residents on services  |
| Assistance with chair mobility        | X         | Available for residents on services  |
| Chair Glide System                    |           |  |
| Mechanical Stair Lift System          |           |  |
| Handrails; in personal space          | X         | In bathrooms   |
| 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 |           |  |
| Every 30-minutes safety checks |           |  |
| Hourly safety checks           | X         | As determined by RN based on staff availability and limited in duration. Available for residents on services |
| Every two-hours safety checks  | X         | As determined by RN based on staff availability. Available for residents on services                         |

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| Service   | Available | Comments   |
|---|-----------|--|
| Daily safety checks   | X         | Available for residents on services  |
| Emergency call system; specify type in comments                           | X         | Pull cords in bathrooms. pendant on person available for residents on services |
| Non-emergency call system; specify type in comments                       | X         | Pull cords in bathrooms. pendant on person available for residents on services |
| Digital wander alert device on resident                                   |           |  |
| Wander alert system at facility exits                                     |           |  |
| Staff monitoring at facility exits; specify method in comments            | X         | Coded security/maglock doors in memory care                                    |
| Visitor check-in/check-out at facility main entrance                      | X         |  |
| Bed alarms or movement sensing technology                                 |           |  |
| Door sensors: specify locations (unit, resident room, exits, etc.)        | X         | Memory Care entry and Memory Care exits  |
| Security Guard  |           |  |
| Security cameras in common spaces   | X         | In sight of all entrances/exits  |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) | X         | To building entrances and specific units                                       |
| Other lock systems: specify locations (unit, resident room, exits, etc.)  |           |  |
| Emergency generator(s) to power the facility during power outages         | X         | Run off natural gas  |
| 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         | As needed. Charge may apply                        |
| Lunch available in community space                  | X         |  |
| Lunch available; delivered to apartment             | X         | As needed. Charge may apply                        |
| Dinner available in community space                 | X         |  |
| Dinner available; delivered to apartment            | X         | As needed. Charge may apply                        |
| Meal tray delivery and pick-up from resident's unit | X         | As needed. Charge may apply                        |
| Meal preparation in resident's unit                 |           |  |
| Thickened Liquids; specify limits in comments       | X         | Nectar, honey, pudding thickened.<br>Charges apply |
| Modified Texture Diets; specify limits in comments  | X         | Mechanical soft, Puree, finger food                |
| Therapeutic Diets: cardiac                          |           |  |
| Therapeutic Diets: diabetic or calorie controlled   | X         |  |
| Therapeutic Diets: gluten-free                      | X         |  |
| Therapeutic Diets: high fiber                       |           |  |
| Therapeutic Diets: low fat/low cholesterol          |           |  |
| Therapeutic Diets: low sodium                       | X         |  |

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| Service  | Available | Comments   |
|--|-----------|--|
| Therapeutic Diets: no added salt                                   | X         |  |
| Therapeutic Diets: renal diet                                      |           |  |
| Other special diets: kosher  |           |  |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | X         | vegetarian   |
| Dietitian or Nutritionist Services                                 | X         | for consultation   |
| Carbohydrate intake/tracking                                       |           |  |
| Meal consumption tracking  | X         | Limited duration and in consultation with nurse. Available for residents on services |
| 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         |   |
| Assistance with meals or food preparation                      |           |   |
| Daily Social and Recreational Services                         | Required  |   |
| Housekeeping: bed making                                       | X         | Additional charges may apply for independent apartments |
| Housekeeping: defrost and clean refrigerator                   |           |   |
| Housekeeping: dusting  | X         | Additional charges may apply for independent apartments |
| Housekeeping: organize closets and drawers                     |           |   |

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| Service   | Available | Comments  |
|---|-----------|---|
| Housekeeping: trash removal; specify frequency in comments                                  | X         | Additional charges may apply for independent apartments   |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | x         | Additional charges may apply for independent apartments   |
| Housekeeping: other; specify in comments  | X         | Additional housekeeping on request. Charges apply   |
| Laundry: linen (change bed, launder sheets, towels)   | X         | Weekly and as needed. Charges may apply. Additional charges may apply for independent apartments                      |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments                   | X         | two (2) loads per week. Charges may apply. Additional charges may apply for independent apartments                    |
| Laundry: other; specify in comments   | X         | Additional laundry on request. Charges may apply. Additional charges may apply for independent apartments             |
| Schedule offsite social and recreational activities   | X         | Posted in advance   |
| Schedule medical and social service appointments  | X         | On site services available through house calls with third party provider  |
| 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         | within community  |
| Provide transportation to medical and social service appointments                           |           |   |
| Assistance accessing community resources and social services                                | Required  |   |
| Shopping: facility sponsored  | X         |   |
| Spiritual Care/Religious Services; on-site  | X         | via outside providers   |
| Assistance with bill paying/budgeting   |           |   |
| Communication boards or other supplemental communication devices                            | X         | Case by case basis in consultation with RN. Supplies provided by Resident/Family. Available for residents on services |
| 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”                  | X         |                         |
| 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”        |           |                         |
| 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         | with consultation of RN |

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| Staffing  | Available | Comments  |
|---|-----------|---|
| Physical Therapist available or can be arranged                 | X         | Arranged through skilled provider and subject to primary insurance coverage |
| Respiratory Therapist available or can be arranged              | X         | Arranged through skilled provider and subject to primary insurance coverage |
| Occupational Therapist available or can be arranged             | X         | Arranged through skilled provider and subject to primary insurance coverage |
| Speech Language Pathologist available or can be arranged        | X         | Arranged through skilled provider and subject to primary insurance coverage |
| Social Worker available or can be arranged                      | X         | Arranged through skilled provider and subject to primary insurance coverage |
| Other Licensed Professional available; specify type in comments |           |   |
| 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 Bathroom's in each apartment and bathrooms in common spaces |
| 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         |   |

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| Amenity                              | Available | Comments   |
|--------------------------------------|-----------|--|
| Cable (television)                   | X         |  |
| Pets allowed                         | X         | 2 pets/unit. Up to 40lb IL/AL only. Resident responsible for all pet care. Charges Apply |
| Pet care; specify in comments        |           |  |
| Pool                                 |           |  |
| Whirlpool                            | X         | Available for residents on services  |
| Exercise Room                        | X         |  |
| Library                              | X         |  |
| Activity Room                        | X         |  |
| Garden/outdoor spaces                | X         | Outdoor patio IL/AL/EC and secured outdoor patio MC.                                     |
| Chapel                               |           |  |
| Private entertaining space           | X         |  |
| Communal Dining room                 | X         |  |
| Beauty/Barber Shop                   | X         |  |
| Parking available for residents      | X         |  |
| Parking available for guests         | X         |  |
| Guest accommodations                 |           |  |
| Laundry Room accessible to Residents | X         |  |
| Washer-Dryer in units                | X         | provided in independent apartments   |
| Central Air Conditioning             | X         |  |
| Fully sprinklered building           | X         |  |

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| Amenity  | Available | Comments          |
|--|-----------|-------------------|
| Designated smoking area inside (not apartment space) |           | Smoke free Campus |
| 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\(d\)](http://www.revisor.mn.gov/statutes/cite/144G.55) ([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 \(www.seniorlinkageline.com/\)](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