

# Cover Sheet for Notices from Assisted Living Facilities to the Office of Ombudsman for Long-Term Care (“OOLTC”)

See [Minn. R. 4659.0040, subp. 4](#)

## General Information

Date of Notice to OOLTC:

Name of Assisted Living Facility:

Assisted Living Facility Physical Address:

HFID Number:

Staff Name and Contact:

## Type of Notice (select one type of notice per submission):

- Notice of Contract Termination, [Minn. Stat. § 144G.52, subd. 7](#), [Minn. R. 4659.0120, subp. 5, 11](#)
- Notice of Emergency Relocation, [Minn. Stat. § 144G.52, subd. 9](#), [Minn. R. 4659.0120, subp. 2](#)
- Notice of Nonrenewal of Housing, [Minn. Stat. § 144G.53](#)
- Reduction of Services Notice, [Minn. Stat. § 144G.55, subd. 1](#), [Minn. R. 4659.0200, subp. 2](#)
- Change in Operations Resulting in Resident Transfer within Facility, [Minn. Stat. § 144G.56, subd. 5](#), [Minn. R. 4659.0200, subp. 3](#)
- Assisted Living Contract, [Minn. Stat. § 144G.50, subd. 1](#), [Minn. R. 4659.0040, subp. 3](#)
- Planned Closure Notifications, [Minn. Stat. § 144G.57, subd. 1](#), [Minn. R. 4659.0130, subp. 1-2](#)
- Relinquishment of Dementia Care License Notifications, [Minn. Stat. § 144G.80, subd. 3](#), [Minn. R. 4659.0160, subp. 1-2](#)
- Disclosure of Special Care Status, [Minn. Stat. § 325F.72](#), [Minn. R. 4659.0040, subp. 3-4](#)
- Notice of Residents Affected by License Revocations, [Minn. Stat. §§ 144G.20, subd. 12, 15](#)

## Please send the required notice with this cover sheet:

Send by Fax: 651-431-7385, or Email: [ALnotices.OOLTC@state.mn.us](mailto:ALnotices.OOLTC@state.mn.us) to the [Office of Ombudsman for Long-Term Care \(“OOLTC”\)](#)

Questions? Phone: 651-431-2555 or 1-800-657-3591