

## Declaration of Exemption from Consultation for Housing with Services

Before they sign a lease or contract at a housing with services setting\*, most people call the Senior LinkAge Line® for long-term care options counseling. There are also people who are exempt from this requirement.

If you are exempt you may still choose to call the Senior LinkAge Line for help to find services. The specialists help people and their families find local resources and make decisions about long term care options, whether they choose to remain in their home or not. Together, you will:

- Look at your current situation.
- Find services that may be helpful to you.
- Learn about financing options, Medicare and other resources.
- These resources might help you pay for any services you may need.

\*Housing with services providers are registered by the Minnesota Department of Health

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Implications of my decision to declare myself exempt include:

1. I am stating that I do not want to benefit from long-term care options counseling provided by the Senior LinkAge Line.
2. If I move to a new setting and I am no longer exempt, I will be required to contact the Senior LinkAge Line for verification of long-term care options counseling.

I declare I am exempt from receiving verification of long-term care options counseling for the following reasons:

- Entering a *lease-only* arrangement in a subsidized housing setting.
- Had a Long Term Care Consultation and received verification of the consultation (verification code).
- Receiving or are being evaluated for hospice services from a licensed hospice provider.
- Worked with a financial planner to develop a financial long-term care plan within 12 months prior to signing a lease or contract, that meets the following criteria:
  - The plan covers alternate decision maker in the event I am not able to make decisions for myself in regard to financial or health care decision making.
  - The plan covers the financing of the rent and service costs for 60 months after the date I move and does not include public program payments, such as Medical Assistance or Group Residential Housing.
- Have moved in to the housing setting on an emergency basis.

Prospective Resident's/Designated Representative Printed Name

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Prospective Resident's/Designated Representative Signature

Date

Registered Housing with Services Setting Name:

City:

Zip Code: