

# Office of the Minnesota Secretary of State

Office Use Only
Ward _____
Precinct _____

## CERTIFIED LIST OF EMPLOYEES OF RESIDENTIAL FACILITIES

### Instructions

Submit completed form to County Auditor no less than 20 days before the election. Contact information for auditors may be found on the [Office of Secretary of State website](https://www.sos.mn.gov) (<https://www.sos.mn.gov>) under Election Official Directory.

### Facility Information

Facility Name

Street Address

City

State

Zip Code

Select type of Facility:

A transitional housing facility defined in *Minnesota Statutes* 256E.33, subd. 1

A supervised living facility licensed by the commissioner of health under *Minnesota Statutes* 144.50, subd. 6

A nursing home as defined in *Minnesota Statutes* 144A.01, subd. 5

An assisted living facility licensed by the commissioner of health under *Minnesota Statutes* 144G

A veterans home operated by the board of directors of the Minnesota Veterans Homes under *Minnesota Statutes* 198

A residence licensed by the commissioner of human services to provide a residential program as defined in *Minnesota Statutes* 245A.02, subd. 14

A residential facility for persons with a developmental disability licensed by the commissioner of human services under *Minnesota Statutes* 252.28

Setting authorized to provide housing support as defined in *Minnesota Statutes* 256I.03, subd. 3

A shelter for battered women as defined in *Minnesota Statutes* 611A.37, subd. 4

A supervised publicly or privately operated shelter or dwelling designed to provide temporary living accommodations for the homeless

A facility where a provider operates a residential treatment program as defined in *Minnesota Statutes* 245.462, subd. 23

A facility where a provider operates an adult foster care program as defined in *Minnesota Statutes* 245A.02, subd. 6c

### Employee List

Attach additional sheets for employee names if necessary

### Certification

Pursuant to *Minnesota Statutes* 201.061, subd. 3, I certify that employees of this facility listed above may vouch on election day for eligible voters who are residents of this facility.

Name

Title at Facility

Signature

Date

Email

Phone