



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