

**Minnesota Board on Aging
Office of Ombudsman for Long-Term Care**

**OMBUDSMAN
DECLARED CONFLICT OF INTEREST**

____Member of my household is employed by a provider.

Name of provider_____

I understand that I will not be assigned to perform casework with this provider.

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____A relative lives in a nursing home, board and care home or housing with services or receives services from a home care provider in my service area.

Name of provider_____

I understand that I will not perform ombudsman casework with this provider.

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____ I have a (business) or I work for.... I understand that I will not operate a law practice in conflict with the scope of authority of a Long-Term Care Ombudsman during the time I am employed to perform ombudsman duties.

Name of law firm or business _____

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____ I have no declared conflict of interest.

Signature of Ombudsman

Date

Signature of Ombudsman Supervisor

Date

Copy given to Ombudsman
Original retained in Central LTCOP Office