

Certified List of Employees of Residential Facilities

Facility Name _____

Facility Address _____

City Minneapolis State MN Zip Code _____

I certify that the following is a list of employees of this facility who may vouch on Election Day for eligible voters who are residents of this facility, and that this facility meets the definition of "residential facility" contained in M.S. 200.061, subd. 3, para. (c) and listed below.

Please check type of facility:

- transitional housing as defined in section 119A.43, subdivision 1;
- supervised living facility licensed by the commissioner of health under section 144.50, subdivision 6;
- nursing home as defined in section 144A.01, subdivision 5;
- residence registered with the commissioner of health as a housing with services establishment as defined in section 144D.01, subdivision 4;
- veterans home operated by the board of directors of the Minnesota Veterans Homes under chapter 198;
- residence licensed by the commissioner of human services to provide a residential program as defined in section 245A.02, subdivision 14;
- residential facility for persons with a developmental disability licensed by the commissioner of human services under section 252.28;
- group residential housing as defined in section 256I.03, subdivision 3;
- shelter for battered women as defined in section 611A.37, subdivision 4; or
- supervised publicly or privately operated shelter or dwelling designed to provide temporary living accommodations for the homeless.

Print Name	Job Title at facility
_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

_____/_____/_____
Date Signature (_____) Phone