



STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
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(DATE)

Dear RESIDENTS, FAMILY MEMBERS and INTERESTED PARTIES

Please allow us to introduce ourselves and to offer you our services as a state agency, provided at no charge. (REGIONAL OMBUDSMAN NAME) and I both work for the State of Wisconsin as Ombudsmen. We are advocates for residents living in nursing homes and assisted living facilities as well as for publicly-funded long term care recipients living in the community. We are writing you in response to an announcement made at **(FACILITY NAME)** about a plan to close the facility and the need to relocate residents from the home.

We will be involved and making ourselves available to the residents and their friends and family members throughout this transition. Some of the things that we're able to do that might be of some help are to answer questions about the plan and about your options; to attend meetings and planning sessions with you to advise and support you; and /or to assist with resolving problems and with possibly filing any complaints and appeals.

Please feel free to contact either (REGIONAL OMBUDSMAN NAME) or myself if you have any questions about this letter or if we can be of any assistance. Thank you.

Thomas La Duke; Ombudsman
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