

# Change of Status

Facility\_\_\_\_\_

County\_\_\_\_\_

Address\_\_\_\_\_

Date\_\_\_\_\_

City, State, Zip\_\_\_\_\_

**Member Information**

	New Address	New Position (list position)	Resigned Position (list position)	Resigned from committee	Other (Please specify)
Name_____					

Address\_\_\_\_\_

Phone\_\_\_\_\_

**Member Information**

	New Address	New Position (list position)	Resigned Position (list position)	Resigned from committee	Other (Please specify)
Name_____					

Address\_\_\_\_\_

Phone\_\_\_\_\_

**Member Information**

	New Address	New Position (list position)	Resigned Position (list position)	Resigned from committee	Other (Please specify)
Name_____					

Address\_\_\_\_\_

Phone\_\_\_\_\_

Mail to: Office of the State Long-Term Care Ombudsman, 510 E 12<sup>th</sup> Street, Jessie M. Parker Building, Suite 2 Des Moines, Iowa 50319-9025. If you have any questions please call 1-800-532-3213.