

**DEATH OR SERIOUS INJURY REPORT
FAX TRANSMISSION COVER SHEET**

DATE: _____ **NUMBER OF PAGES:** _____ (including this cover sheet)

DESTINATION INFORMATION:

Department of Human Services Licensing Division

PO Box 64242, St. Paul, MN 55164-0242

Phone number: (651) 296-3971

Destination FAX Number: (651) 297-1490

Ombudsman for Mental Health and Developmental Disabilities

121 7th Place East, Suite 420, St. Paul, MN 55101-2117

Phone number: (651) 757-1800 or 1-800-657-3506

Destination FAX Number: (651) 296-1021

SENDER INFORMATION:

Sender: _____

Program: _____ **245B License Number:** _____

Phone Number: _____ **FAX Number:** _____

245B Service Type (check one; if your program is not licensed to provide one of the services listed do not send the report to DHS):

___ **SILS** (Semi-Independent Living Services) ___ **WS** (Waivered Services) ___ **CR** (Crisis Respite)

___ **DTH** (Day Training and Habilitation) ___ **SES** (Supported Employment Services)

___ **RS** (Residential Services-ICF/MR) ___ **RS-N** (Residential Services-SLF only)

INSTRUCTIONS:

▪ **ATTACH THE COMPLETED REPORT TO THIS FAX COVER SHEET**

The Ombudsman offers editable Death and Serious Injury Report reporting forms that may be completed on line, printed and faxed.

▪ Serious Injury <http://www.ombudmhdd.state.mn.us/forms/EditableSIForm.pdf>

▪ Death <http://www.ombudmhdd.state.mn.us/forms/EditableDeathForm.pdf>

▪ **FAX** or **MAIL** the death or serious injury report both to the DHS Division of Licensing and to the Ombudsman. If mailed, a phone call must be made within 24 hours of the death or serious injury to the Ombudsman to meet the mandatory reporting requirements.

▪ Death or serious injury of persons with developmental disabilities served in programs licensed by DHS under Minnesota Statutes, chapter 245B, must be reported within 24 hours to both the Ombudsman and the DHS Licensing Division for services licensed under MS §245B.

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