

A logo with a circle and stars in a circle

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**Long Term Care Ombudsman Program**

**Conflict of Interest Screening Questionnaire**

A conflict of interest in the long-term care ombudsman program may occur when any secondary interest compromises the effectiveness of the ombudsman and lessens the ability of the ombudsman to advocate on behalf of residents of long-term care facilities.

While it is possible to identify all apparent or potential conflicts, it is possible to identify a situation that lends itself to a conflict of interest or to the appearance of a conflict of interest.

While the disclosure of a conflict may disqualify the applicant as an ombudsman, each possible conflict of interest will be examined to determine if indeed a conflict does exist and, if there is, the possibility of eliminating or remedying the conflict will be explored in a manner that could qualify an individual to serve the office.

The potential volunteer or staff member should answer these questions and provide explanatory information where required or desired:

1. Do you or any member of your immediate household receive any financial renumeration or have any other financial interest in a long-term care facility?

□ Yes □ No If yes, list facility(ies) and give details.

1. Do you have any other ties with long-term care providers which might “appear” to be a conflict of interest?

□ Yes □ No If yes, give details.

1. Are there any long-term care facilities in which any member of your household or other close associate of yours is now a resident?

□ Yes □ No If yes, list facility(ies) and give details.

1. Do you work for any agency that is in competition with a long-term care facility?

□ Yes □ No If yes, give details.

1. Have you been employed by a long-term care facility within the last two years?

□ Yes □ No If yes, give details.

1. Do you or any member of your household have a direct involvement in the licensing or certification of a long-term care facility or other providers of long-term care services?

□ Yes □ No If yes, give details.

Printed Name of Applicant

Signature of Applicant Date