

## INSTRUCTIONS FOR COMPLETING THE TRANSFER/DISCHARGE NOTICE

- 1) Enter the date the notice is served upon the resident and representative.
- 2) Resident: Enter the resident's complete name.  
Facility: Enter the name of your facility.  
Address: Enter your facility's complete mailing address.  
Administrator: Enter the name of your facility's administrator.  
Phone: Enter your facility's area code and telephone number.
- 3) Enter the date on which you intend to transfer or discharge the resident.
- 4) Enter the reason your facility is transferring or discharging this resident. If necessary to provide a full explanation, additional information may be attached.
- 5) Enter the name of the family member or legal representative upon whom this notice has been served. If the facility has been made unable to ascertain the name of a family member or legal representative, indicate "unknown" in the space provided.
- 6) Enter a mark {X} in the appropriate space for either Transfer or Discharge, **AND** enter the name of the facility or other location to which the resident is being transferred or discharged. Enter the address and telephone number of the intended location.
- 7) Enter the name, address and telephone number of the appropriate Long Term Care Ombudsman for your region.
- 8) Administrator signs and dates the form as your facility's representative.