

**RCF Proposed Discharge Notice to Resident** (sample form)  
OAC 5122-30-27 Transfer and Discharge Rights

License No.:

This discharge notice, dated , is to inform  (Resident Name)  
a resident of  (Name of ACF) of the intent to discharge  
you from this adult care facility.

This is:  a thirty-day (30) notice requiring you to depart by:   
 an emergency discharge, requiring your immediate departure.

**The law permits discharge only under certain circumstances. The reasons for this discharge are checked on the list below, followed by a written explanation.**

1.  Charges for the resident's accommodations and services have not been paid within thirty days after the dated on which they became due.
2.  The mental, emotional, or physical condition of the resident requires a level of care that the facility is unable to provide.
3.  The health, safety, or welfare of the resident or of another resident requires a transfer of discharge.
4.  The facility's license has been revoked or renewal has been denied.
5.  The facility is being closed by the owner.
6.  Resident is relocated as a result of a court's order issued under ORC 5119.34. granted against a facility operating without a license.

**Explanation and summary of actions taken to resolve the issues prior to this notice (attach a separate page, incident reports, changes of health forms, etc. if needed.  Supporting documentation is attached.**

**Information to facilitate future placement:**

Facility Name:

Resident Name:

**In the event of an emergency discharge the resident must be removed from the facility by an approved entity which will take responsibility for him/her. Name, position, and phone number of entity (if applicable):**

Agency Name

Contact Name  Position

Address  City

State  Zip Code  Telephone:

**If your discharge is for reasons listed on the previous page under numbers 1, 2, or 3 you may request a hearing by contacting the Director of the Ohio Mental Health and Addiction Services via:**

**Select one option : Mail: OhioMAS Licensure and Certification 30 E. Broad St. Suite 742, Columbus, Ohio 43215  
Facsimile: (614)485-9739  
Email: LicCert@mha.ohio.gov**

Such a request must be made to the Director **no later than ten days after receiving this written discharge notice**. The hearing will be held within ten days after the Director receives your request; and you and your sponsor(s) will be notified of the date, time and place. A written recommendation of action will be issued from the hearing officer within three days after the hearing, and the Director shall issue an order regarding the transfer within two days after receiving the recommendation. If this is a thirty-day notice, you cannot be discharged until a decision is rendered following the hearing. If this is an emergency discharge the hearing will be held subsequent to your discharge. The facility must hold your bed until a decision is rendered.

**Date notice given:**

Ombudsman  
 RSS Case Manager  
 Sponsor  
 MH Case Manager  
 Other:

**Ombudsman contact information:**

Name   
Address   
City  Zip Code   
County

\_\_\_\_\_  
Facility Representative

Date

\_\_\_\_\_  
Resident Signature

Date

\_\_\_\_\_  
Sponsor Signature

Date