**Instructions for Completing the**

**Assisted Living Facility Discharge Notice Form**

**Required by the Virginia Department of Social Services**

The Assisted Living Facility Discharge Notice form is required by the *Standards for Licensed Assisted Living Facilities* (22VAC40-73). The facility is required to complete this form for all involuntary and emergency discharges. A copy must be provided to the resident and the resident’s legal representative or designated contact person, if any. This form must also be used to notify the Virginia Department of Social Services (VDSS) Division of Licensing Programs (DOLP) and the State Long Term Care Ombudsman ([ombudsman@dars.virginia.gov](mailto:ombudsman@dars.virginia.gov)). A copy of this form shall be retained in the resident’s record.

The facility is required to provide the resident, the resident’s legal representative or designated contact person, if any, with a discharge appeal hearing request form at the time of involuntary or emergency discharge notice, unless the discharge is due to the facility closing.

Please refer to 22VAC40-73-430 & 22VAC40-73-435 for all the requirements relating to discharges and discharge appeals.

The discharge notice form starts on the page after these instructions. The facility must complete the discharge notice form in its entirety. If needed, the facility can attach additional documentation.

This form can be accessed on the VDSS website and is available in two versions: a fillable PDF and a Microsoft Word document (Doc). Both versions can be completed electronically and must be printed. Please select the version that best suits your preferences and capabilities.

* No additional topics or items may be added to the form. If needed, the facility can attach additional documentation.
* Information entered on this form must be fully and accurately disclosed in plain language, easily read, and in at least 12-point type if completed electronically.

Please contact your Licensing Inspector if you have any questions about the discharge notice or discharge appeal request form.

**DO NOT ATTACH THESE INSTRUCTIONS**

**TO THE DISCHARGE NOTICE FORM**

**ASSISTED LIVING FACILITY DISCHARGE NOTICE FORM**

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| **RESIDENT INFORMATION** | | | | | | | | | |
| **Name:** | | | | | **Phone Number:** | | | | |
| **Email Address:** | | | | | | | | | |
| **LEGAL REPRESENTATIVE OR DESIGNATED CONTACT PERSON (if applicable)** | | | | | | | | | |
| **Name:** | | | | | **Phone Number:** | | | | |
| **Address:** | | | | | | | | | |
| **Email Address:** | | | | | **Relationship:** | | | | |
| **FACILITY INFORMATION** | | | | | | | | | |
| **Facility Name:** | | | | | **Phone Number:** | | | | |
| **Address:** | | | | | | | | | |
| **Facility Administrator or Designee:** | | | | | | | | | |
| **Email Address:** | | | | | | | | | |
| **DISCHARGE INFORMATION** | | | | | | | | | |
| **Type of Discharge** (Check one) | | **Involuntary** | | | | | **Emergency** | | |
| **Reason for Discharge**  (Must select one or more of the reasons below) | | | | | | | | | |
| **You have a medical condition or care need that is not allowed in an ALF.**  **This facility can no longer meet your care needs.**  **You did not follow the terms and conditions of your resident agreement.**  **You did not pay your monthly charges.**  **This is an Emergency Discharge due to an immediate and serious risk to the health,**  **safety, or welfare of you or others in the facility.**  **This facility is closing on      .** *Not subject to appeal. Appeal Hearing Request form not required.* | | | | | | | | | |
| **Discharge Details**  (Explain circumstances for discharge and reasonable efforts made to resolve issues) | | | | | | | | | |
|  | | | | | | | | | |
| **DISCHARGE PLANS** | | | | | | | | | |
| **Planned Discharge Date:** | | | **Resident’s Destination:** | | | | | | |
| **Address:** | | | | | **Phone Number:** | | | | |
| **Discharge Planning Assistance**  (Actions taken by the facility to assist with the discharge and relocation process) | | | | | | | | | |
|  | | | | | | | | | |
| **YOUR DISCHARGE APPEAL RIGHTS** | | | | | | | | | | | |
| * **You have the right to appeal this involuntary or emergency discharge, unless it is due to the facility closing.** * **You have the right to continue to reside in the facility, free from retaliation, until the appeal has a final case decision unless the discharge is an emergency discharge or you have developed a condition or care need that is prohibited in § 63.2-1805 D of the Code of Virginia or *Standards for Licensed Assisted Living Facilities*, 22VAC40-73.** * **If you are discharged under an emergency discharge and no longer live in the facility, you can still appeal if you file the request within the required timeframe.** * **The facility must assist you and your legal representative, if any, file an appeal and provide, upon your request, a postage prepaid envelope addressed to the VDSS Division of Appeals and Fair Hearings.** | | | | | | | | | | | |
| **HOW TO APPEAL** | | | | | | | | | | | |
| * **You may file an appeal by completing the attached discharge appeal hearing request form and submitting to VDSS Division of Appeals and Fair Hearings.** * **Appeals must be filed within 30 days from the date you received your discharge notice.**   **Discharge Appeal Hearing Requests may be submitted by:**   * **Fax: (804) 726-7656,** * **Email:** [**appeals@dss.virginia.gov**](mailto:appeals@dss.virginia.gov)**, or** * **Mail: VDSS Division of Appeals and Fair Hearings**   **5600 Cox Road Glen Allen, VA. 23060** | | | | | | | | | | | |
| **If you have questions about discharge appeals, you may contact:**  **VDSS Division of Appeals and Fair Hearings**  **Toll free number: 1-800-552-7096 or Email:** [**appeals@dss.virginia.gov**](mailto:appeals@dss.virginia.gov) | | | | | | | | | | | |
| **If you need help, contact:**  **Virginia Long-Term Care Ombudsman Program:**  **Toll free number: 1-800-552-5019 or Email:** [**ombudsman@dars.virginia.gov**](mailto:ombudsman@dars.virginia.gov) | | | | | | | | | | | |
| **DISCHARGE NOTICE PREPARED BY:** | | | | | | | | | | | |
|  | | | | | **X** | | | | |  | |
| **Facility Representative Name (Print)** | | | | | **Facility Representative Signature** | | | | | **Date** | |
| **DISCHARGE NOTICE PROVIDED TO:** | | | | | | | | | | | |
| **Resident** | | **Legal Representative, if any** | | | | | **Designated Contact, if any** | | | | |
| **Name:** | | **Name:** | | | | | **Name:** | | | | |
| **Date:** | | **Date:** | | | | | **Date:** | | | | |
| **Method:** | | **Method:** | | | | | **Method:** | | | | |
| **SIGNATURE OF RECEIPT (OPTIONAL)** | | | | | | | | | | | |
| **X** | | | | | | | | | **Date:** | | |

**ASSISTED LIVING FACILITY DISCHARGE APPEAL HEARING REQUEST FORM**

Instructions: If you wish to appeal your involuntary or emergency discharge, please complete this form and submit to VDSS Division of Appeals and Fair Hearings within 30 days of receiving your discharge notice.

The completed hearing request form and additional documentation can be submitted by fax at (804) 726-7656, email at [appeals@dss.virginia.gov](mailto:appeals@dss.virginia.gov) or mail to VDSS Division of Appeals and Fair Hearings, 5600 Cox Road, Glen Allen, VA 23060. Please attach a copy of your discharge notice.

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| **RESIDENT INFORMATION** | | | | | | | |
| **Name:** | | | **Phone Number:** | | | | |
| **Current Address:** | | | | | | | |
| **Email Address:** | | | | | | | |
| **LEGAL REPRESENTATIVE OR DESIGNATED CONTACT PERSON (if applicable)** | | | | | | | |
| **Name:** | | | **Phone Number:** | | | | |
| **Address:** | | | | | | | |
| **Email Address:** | | | **Relationship:** | | | | |
| **DISCHARGING FACILITY INFORMATION** | | | | | | | |
| **Name:** | | | **Phone Number:** | | | | |
| **Address:** | | | | | | | |
| **Facility Administrator or Designee:** | | | | | | | |
| **Facility Email Address:** | | | | | | | |
| **DISCHARGE INFORMATION** | | | | | | | |
| **Type of Discharge** (Check one) | **Involuntary** | | | **Emergency** | | | |
| **Date you received the discharge notice:** | | **Planned Discharge Date:** | | | | | |
| **Are you still residing at the facility pending the discharge appeal?** | | | | | **Yes** | | **No** |
| **Reason for Discharge:** | | | | | | | |
| **Reason for Discharge Appeal**  In the space below, please describe why you disagree with your discharge.  If more space is needed, you may attach additional pages. | | | | | | | |
|  | | | | | | | |
| **SIGNATURES** | | | | | | | |
| **X** | | | | | |  | |
| **Resident** | | | | | | **Date:** | |
| **X** | | | | | |  | |
| **Resident’s Legal Representative or Designated Contact, if applicable** | | | | | | **Date:** | |