

**ASSISTED LIVING FACILITIES DISCHARGE NOTICE FORM
(22VAC40-73-430)**

The facility is required to complete this form for involuntary and emergency discharges. A copy must be provided to the resident, legal representative and designated contact person. This form must also be used to notify VDSS Licensing and the State Long Term Care Ombudsman and can be used to notify local agencies for public pay residents. If needed, the facility can attach additional documentation.

RESIDENT'S NAME: _____

FACILITY'S NAME: _____

FACILITY'S ADDRESS: _____

Date of discharge notification to the resident: _____

Method of notification: _____

Date of discharge notification to the legal representative, if any: _____

Legal representative name: _____

Method of notification: _____

Date of discharge notification to the designated contact person, if any: _____

Designated contact person name: _____

Method of notification: _____

Facility decision to discharge and reason for the discharge:

Facility discharge date: _____

Resident's destination following the facility discharge.

Name (facility or person):

Full Address (including apt/unit/building #, city, state, zip code):

TYPE OF DISCHARGE (please check one): Involuntary Discharge Emergency Discharge

If involuntary, please describe the circumstances for the discharge and any reasonable efforts made by the ALF, as appropriate, to resolve the issue(s) on which the decision to discharge is based.

If emergency, please describe the immediate and serious risk to the health, safety, or welfare to the resident or others.

Actions taken by the facility to assist the resident in the discharge and relocation process:

APPEAL INFORMATION

Check here if the appeal is not allowed due to facility closure.

- A resident has the right to appeal an involuntary discharge or an emergency discharge.
- Appeals for emergency discharge must be filed within 30 days from the emergency discharge date, with an additional five days permitted. If a resident has been discharged under an emergency discharge and no longer resides in the facility, the resident retains the right to appeal if the appeal is filed within the required time.
- Appeals for involuntary discharge must be filed within 30 days from the discharge notice date.
- Appeals must be submitted in writing and can be submitted by fax at (804) 726-7656, email at appeals@dss.virginia.gov or mail to VDSS Division of Appeals and Fair Hearings, 801 East Main Street, Richmond, VA 23219. A hearing request form is attached to this document, but it is not required.
- Appeal questions can be directed to appeals@dss.virginia.gov or (800) 552-7096.
- The facility must assist the resident and legal representative in filing an appeal and provide, upon request, a postage prepaid envelope addressed to the VDSS Division of Appeals and Fair Hearings.
- The resident has 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 the resident has developed a condition or care need that is a prohibited condition (Virginia Code § 63.2-1805 D, 22VAC40-73-310).

Printed Name: _____ Title: _____
(Licensee, Administrator or Designee)

Signed by: _____ Date: _____
(Licensee, Administrator or Designee)

Phone Number: _____ Email Address: _____

ASSISTED LIVING FACILITIES DISCHARGE APPEAL HEARING REQUEST FORM

APPELLANT INFORMATION

Resident Name:	
Full Address:	
Email Address:	Telephone Number:

LEGAL REPRESENTATIVE INFORMATION (if applicable)

Legal Representative Name:	
Full Address:	
Email Address:	Telephone Number:

FACILITY INFORMATION

ALF Name:	
Contact Person:	
Facility Address:	
Email Address:	Telephone Number:

TYPE OF DISCHARGE (*please check one*): Involuntary Discharge Emergency Discharge

Is the resident living at the ALF pending the discharge appeal? Yes No

Date Discharge Notice Was Given: _____

Planned Facility Discharge Date: _____

Reason For Discharge: _____

In the space below, please provide a detailed description of why you disagree with your discharge. If more space is needed, you may attach additional pages. Please also attach the ALF Discharge Notice Form.

Number of additional pages ____

Resident's Signature: _____ Date: _____

Legal Representative's Signature: _____ Date: _____

The appeal must be filed and received by the Appeals and Fair Hearings Division within 30 calendar days of the resident receiving written notice of an involuntary discharge, or within 30 calendar days plus an additional 5 calendar days for an emergency discharge.

The completed hearing request form and additional documentation can be submitted by fax at (804) 726-7656, email at appeals@dss.virginia.gov or mail to VDSS Division of Appeals and Fair Hearings, 801 East Main Street, Richmond, VA 23219.