NOTICE OF TRANSFER OR DISCHARGE

From: (facility name and location)
To: (resident's name):
Transfer or Discharge Information:
Authorization for this transfer or discharge is specified in NDCC 50-10.2-02. CHECK ONE BOX
 Medical reasons; The resident's welfare or that of other residents; Nonpayment of one's rent or fees; or A temporary transfer during times of remodeling.
You are being transferred or discharged to (specific location)
on (date) because (specific reason(s)

Transfer and Discharge Rights:

You have the right to receive at least a thirty-day written advance notice of any transfer or discharge when you are being discharged to another facility or your own home, or when you are being transferred or discharged because of a change in your level of care; however, advance notice of transfer or discharge may be less than thirty days if you have urgent medical needs that require a more immediate transfer or discharge, or a more immediate transfer or discharge is required to protect the health and safety of residents and staff within the facility.

Questions on Transfer and Discharge Rights:

If you have questions on your transfer and/or discharge rights, you may contact:

State Long-Term Care Ombudsman Aging Services Division 1237 W Divide Ave Ste 6 Bismarck, ND 58501-1208 dhsagingombud@nd.gov 701-328-4617 or 1-855-462-5465 If you are a resident with intellectual and developmental disabilities or related disabilities, or a mental disorder or related disabilities, you may also contact:

Office of Protection and Advocacy 400 E Broadway Ste 409 Bismarck, ND 58501-4071 panda intake@nd.gov (underscore between panda and intake) 701-328-2950 or 1-800-472-2670

Persons Notified In Writing

(Resident)	(date)
(Resident Representative)	(date)
(Facility Representative Who Completed Form)	