



Adult Family Home Notice of Transfer or Discharge

WAC 388-76-10615

RESIDENT NAME	ADULT FAMILY HOME NAME
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This notice is to inform you that the Adult Family Home intends to transfer or discharge you. If you do not understand this form, ask a relative or friend for help or read the resident resources on the following page.

This is notice that _____ intends to transfer or discharge you to
ADULT FAMILY HOME NAME
_____ on _____.
LOCATION DATE

Reason(s) for the transfer or discharge (if needed, attach a separate sheet to add more information):

- 1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this home. Explain:

- 2. The safety or health of individuals in this home are or would otherwise be endangered. Explain:

- 3. The resident has failed to make the required payment for their stay. Your outstanding balance is \$ _____. Explain:

- 4. The home ceases to operate. Explain:

PROVIDER SIGNATURE	DATE	RESIDENT OR REPRESENTATIVE SIGNATURE	DATE
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Copies to: Resident and/or Representative _____
Home and Community Services Case manager (Medicaid Only) _____

Read the information on the next page for important resources.

Resident Resources

Advocate for residents:

State Long-Term Care Ombuds Office
1200 South 336th Street
Federal Way WA 98003

Toll-free telephone number: 1-800-562-6028

TTY: 711

The Long-Term Care Ombuds office may be able to help you locate legal services.

For persons with a developmental disability or mental illness, contact:

Disability Rights Washington
315 – 5th Avenue South, Suite 850
Seattle WA 98104

Toll-free telephone number: 1-800-562-2702

TTY: 711

National Alliance on Mental Illness
7500 Greenwood Avenue North
Seattle WA 98103

Toll-free telephone number: 1-800-950-NAMI (6264) – National Information Hotline

TTY: 711

Aging and Long-Term Support Administration (AL TSA) Complain Resolution Unit (CRU / DSHS Complaint Hotline):

Toll-free telephone number: 1-800-562-6078

TTY: 711