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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES (RCS)  **Request for an Administrative Hearing** | | | |
| OFFICE OF ADMINISTRATIVE HEARINGS  PO BOX 42489  OLYMPIA WA 98504-2489  I request a hearing to contest the nursing facility’s decision to transfer/discharge me.  I was notified of the nursing facility’s decision on  , | | | | |
| RESIDENT NAME | | | TELEPHONE NUMBER | |
| NURSING FACILITY NAME | | | | |
| NURSING FACILITY ADDRESS | | | | |
| CITY | | STATE | | ZIP CODE |
| Do you need an interpreter?  Yes No If yes, what language? | | | | |
| Do you need special accommodations?  Yes  No | | | | |
| If yes, describe: | | | | |
| RESIDENT SIGNATURE | | | DATE | |
| **Do not complete the following information if the nursing facility resident is representing self.** | | | | |
| RESIDENT REPRESENTATIVE NAME | | | TELEPHONE NUMBER | |
| ADDRESS | | | | |
| ADDRESS | | STATE | | ZIP CODE |
| RELATIONSHIP/ORGANIZATION | | | | |