

**Proposed Transfer or Discharge Notice to Resident** (sample form)  
[ORC 5122-30-27](#) Transfer and Discharge Rights

License No.:

This transfer or discharge notice, dated , is to inform  (Resident Name)  
a resident of  (Name of Residential Facility) of the intent to transfer or  
discharge you from this residential facility.

**"Discharge"** a permanent movement of a resident to another facility that is not under the jurisdiction of the owner or manager.  
**"Transfer"** a temporary or permanent movement of a resident between facilities under the jurisdiction of the owner or manager.  
**"Emergency"** a situation which creates an imminent risk of substantial harm to the individual or other household members in the facility, if immediate action is not taken.

This is:  a thirty-day (30) notice requiring you to  transfer or  depart by:   
 an emergency  transfer or  discharge, requiring your immediate departure.

**The code permits a transfer or discharge only under certain circumstances. The reason(s) for this transfer or discharge are checked on the list below, followed by a written explanation.**

- Charges for the resident's accommodations and services have not been paid within thirty days after the dated on which they became due.
- The mental, emotional, or physical condition of the resident requires a level of care that the facility is unable to provide.
- The health, safety, or welfare of the resident or of another resident requires a transfer or discharge.
- The facility's license has been revoked or renewal has been denied.
- The facility is being closed by the owner.
- The resident is being relocated as a result of a court's order issued under section 5119.34 of the Revised Code as part of the injunctive relief granted against a facility that is operating without a license.

**Detailed explanation for issuing notice and the summary of actions taken to resolve the issues prior to this notice (attach a separate page, incident reports, changes of health forms, etc. if needed.  Supporting documentation is attached.**

**Information to facilitate future placement:**

Facility Name:

Resident Name:

**In the event of an emergency transfer or discharge the resident must be removed from the facility by an approved entity which will take responsibility for him/her. Name, position, and phone number of entity (if applicable):**

Agency Name

Contact Name  Position

Address  City

State  Zip Code  Telephone:

**RESIDENT: If your transfer or discharge is for reasons listed on the previous page under numbers 1, 2, or 3, you may request a hearing by contacting the Director of the Ohio Mental Health and Addiction Services via:**

**Select one option**

- Mail: OhioMHAS, Licensure and Certification, 30 E Broad St., 7th Fl., Suite 742, Columbus, Ohio 43215
- Facsimile: (614) 485-9739
- Email: LicCert@mha.ohio.gov

Such a request must be made to the Director **no later than ten days after receiving this written transfer or discharge notice**. The hearing will be held within ten days after the Director receives your request; and you and your sponsor(s) will be notified of the date, time and place. A written recommendation of action will be issued from the hearing officer within three days after the hearing, and the Director shall issue an order regarding the transfer or discharge within two days after receiving the recommendation. If this is a thirty-day notice, you cannot be transferred or discharged until a decision is rendered following the hearing. If this is an emergency transfer or discharge the hearing will be held subsequent to your transfer or discharge. The facility must hold your bed until a decision is rendered.

**Date notice given:**

Ombudsman  Sponsor  Case Manager (**Class One & Two only**)

Resident's county community board of residence (**Class One & Class Two only**)

Other:

**Ombudsman contact information (Class Two & Class Three only):**

Name  Phone

Address

City  Zip Code  County

\_\_\_\_\_  
Facility Representative   
Date

\_\_\_\_\_  
Resident Signature   
Date

\_\_\_\_\_  
Sponsor Signature   
Date