

# NOTICE OF INVOLUNTARY TRANSFER OR DISCHARGE

DATE DELIVERED:		
Resident	Guardian/Durable Power of Attorney (DPA)	
From (Nursing Home Administrator)	Nursing Home Name	
Nursing Home Contact Person	Contact Person Title	
Nursing Home Address	Contact Person's Telephone Number	
City	State Michigan	ZIP Code
THIS NOTICE IS TO ADVISE YOU THAT:		
You will be transferred or discharged to:		
Effective date of Transfer:		
Reason for Involuntary Transfer/Discharge (MCL 333.21773):		
<input type="checkbox"/> Medical Reasons		
<input type="checkbox"/> Patient's Welfare		
<input type="checkbox"/> Welfare of Other Patients or Nursing Home Employees		
<input type="checkbox"/> Nonpayment for the Patient's Stay (see Section 21773(d))		
Explanation of Reason Above:		

You have a right to appeal the nursing home's decision to transfer/discharge you. You may file a request for a hearing with the Michigan Department of Licensing & Regulatory Affairs within 10 days of the date on the notice received.

If requested, a hearing will be held at least 7 days after your request, and you will not be transferred during that time. If you lose the hearing, you will not be transferred until at least 30 days after you received the original notice of the discharge or transfer and a discharge/transfer plan is completed and approved by the Department.

A form to request a hearing shall be provided to you by the nursing home at the time of the Notice with a postage paid-envelope addressed to the Department of Licensing and Regulatory Affairs.

The mailing address for the appeal is:

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community & Health Systems

P.O. Box 30664

Lansing, MI 48909

(Or the Street address of 611 W. Ottawa Street, Lansing, MI 48933)

Email: [LARA-BCHS-InvoluntaryTransfer@michigan.gov](mailto:LARA-BCHS-InvoluntaryTransfer@michigan.gov) Phone: 517-241-1970 FAX: 517-241-2635

Before the hearing you or your representative will be able to see any of the facility's records pertaining to you. At the hearing you may speak for yourself or use an attorney, a long term care (LTC) ombudsman, relative, friend or other person of your choice. You or your representative will be able to have witnesses at the hearing to speak on your behalf.

The nursing home is required to send a copy of this notice to the Michigan Department of Licensing and Regulatory Affairs and your guardian or legal representative (if applicable).

If you need additional assistance, you may contact:

Michigan Long Term Care Ombudsman  
15851 South US 27, Suite 73  
Lansing, MI 48912  
Email: [SLTCO@meji.org](mailto:SLTCO@meji.org)  
Toll Free: 1-866-485-9393

Michigan Protection & Advocacy Services  
4095 Legacy Parkway, Suite 500  
Lansing, MI 48911-4263  
Phone: 1-800-288-5923 or (517) 487-1755

Signature of Facility/Agency Administrator:

X

Date:

cc:

Please notify the Department if the transfer/discharge is canceled or if the resident voluntarily agrees to a discharge or transfer to another facility.