

## SUMMARY OF RESIDENT RIGHTS: DISCHARGE AND COMPLAINTS

If you live in an Adult Foster Care home or Home for the Aged, you have certain rights as a resident of the home. These rights are protected under state licensing laws. Some of these rights help protect you against being wrongfully discharged from your home. This document provides an overview of some of your rights as a resident of an Adult Foster Care home or Home for the Aged. For this document, a licensee is another name for the property owner.

Disclaimer: You may have additional rights as a resident of a licensed setting. Your full rights are outlined in the state licensing rules, which can be reviewed at

<http://www.michigan.gov/lara> >> Community and Health Systems >> Covered Providers >> Adult Foster Care >> Licensing Rules and Statutes

### WRITTEN AGREEMENT

The licensee must sign a written agreement with you, which must include:

- A list of services that you will receive in the home
- A description of your rights and responsibilities as a resident
- A description of the process for being admitted and discharged from the home
- A description of the fees that you must pay as a resident of the home

The licensee must provide you with copies of the written agreement, and the “Admission and Discharge Policy” for the home.

### DISCHARGE AND COMPLAINT PROCESS

The licensee can only discharge you from the home for certain reasons. The licensee must follow a specific process to discharge you. If you believe that the licensee wrongfully discharged you from the home, you may contact the Department of Licensing and Regulatory Affairs to file a complaint. The Department may be able to help you return to your home. **The discharge and complaint process is outlined on Page 2**

# Proceed to Page 2

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TYPE OF HOME	ADULT FOSTER CARE FAMILY HOME	ADULT FOSTER CARE HOME	ADULT FOSTER CARE: CONGREGATE HOME	HOME FOR THE AGED
Regular discharge process	The licensee must notify you 30 days in advance of the discharge date. The notice must be written and include a reason for discharge. You must be given a copy of the notice.	The licensee must notify you 30 days in advance of the discharge date. The notice must be written and include a reason for discharge. You must be given a copy of the notice.	The licensee cannot discharge you without adequate preparation. The licensee must prove that discharging you is "in your best interest." This decision must take your expressed wishes into consideration. The licensee must provide you with a written notice with a reason for discharge. During discharge, your responsible agency or the Michigan Department of Health and Human Services must work with you to update your service plan.	The licensee must notify you 30 days in advance of the discharge date. The notice must be written and include a reason for discharge. You must be given a copy of the notice.
Emergency Process (When there is substantial risk to: (1) you; (2) other residents; (3) the provider; or (4) the property.)	The licensee must provide you with written notice at least 24 hours in advance. This notice must include an appropriate reason for emergency discharge. The licensee must receive written approval from you, your designated representative, or service agency before discharging you from your home.	The licensee must provide you with written notice at least 24 hours in advance. This notice must include an appropriate reason for emergency discharge. The licensee cannot discharge you without: (1) receiving approval from the responsible agency or Adult Protective Services; AND (2) finding another setting that can meet your needs.		The licensee must provide you with written notice at least 24 hours in advance. The licensee must also notify the Department of Licensing and Regulatory Affairs and Adult Protective Services before discharging you. The licensee cannot discharge you without finding another setting that can meet your needs.

SIGNATURE

If the licensee provided you with a copy of this document, please sign below:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_