MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
P.O. BOX 30664, LANSING, MI 48909
Phone: (517) 241-1970 FAX: (517) 241-3354
Email: LARA-BCHS-InvoluntaryTransfer@michigan.gov

FACILITY INVOLUNTARY TRANSFER/DISCHARGE PLAN

Resident Name	Nursing Home Facility Name	
Resident's Guardian/Designated Representative		Telephone Number
Street Address	City	Zip Code

Date(s) counseling provided to resident prior to transfer/discharge:

Person that Provided Counseling	Title	Telephone Number

Receiving Facility Name

Date Resident/Guardian Visited Receiving Facility:

☐	Alternative: Resident/guardian received appropriate information about the receiving facility such as brochure, floor plan, and pictures to familiarize the resident with the new facility.
☐	Alternative: Site visit was waived in writing by physician, resident, or guardian.

Date Resident Will Move to New Facility:

Guardian/family member will accompany resident during move: ☐ Yes ☐ No

Person providing counseling within 72 hours of transfer/discharge:	Title:	Telephone Number:

Signature of Facility Representative	Title	Date

Name of Resident/Guardian/Family Representative	Relationship to Resident

Signature of Resident/Family Representative	Date

Attach a list of medical needs of resident (i.e., oxygen, tube feedings, catheters, medications, etc.).

Attach a list of the medical conditions of resident (i.e., wheelchair bound, para/quadriplegic, etc.).

Attach physician statement indicating how resident's condition and needs will be accommodated during the transfer/discharge and in the new placement.

Send Involuntary Transfer/Discharge Plan to address above for department review prior to move.

LARA-BHCS-ITD-101 (Rev. 03/11/2016)
Authority: P.A. 368 of 1978 as amended