NOTICE OF TRANSFER OR DISCHARGE

From: (facility name and location) ___________________________________________________

To: (resident’s name): ____________________________________________________________

Transfer or Discharge Information:

Authorization for this transfer or discharge is specified in NDCC 50-10.2-02. CHECK ONE BOX

☐ Medical reasons;
☐ The resident’s welfare or that of other residents;
☐ Nonpayment of one’s rent or fees; or
☐ A temporary transfer during times of remodeling.

You are being transferred or discharged to (specific location) ________________________
on (date) ____________ because (specific reason(s) ______________________________
_________________________________________________________________________

Transfer and Discharge Rights:

You have the right to receive at least a thirty-day written advance notice of any transfer or
discharge when you are being discharged to another facility or your own home, or when you
are being transferred or discharged because of a change in your level of care; however,
advance notice of transfer or discharge may be less than thirty days if you have urgent
medical needs that require a more immediate transfer or discharge, or a more immediate
transfer or discharge is required to protect the health and safety of residents and staff within
the facility.

Questions on Transfer and Discharge Rights:

If you have questions on your transfer and/or discharge rights, you may contact:

State Long-Term Care Ombudsman
Aging Services Division
1237 W Divide Ave Ste 6
Bismarck, ND 58501-1208
dhsagingombud@nd.gov
701-328-4617 or 1-855-462-5465
If you are a resident with intellectual and developmental disabilities or related disabilities, or a mental disorder or related disabilities, you may also contact:

Office of Protection and Advocacy
400 E Broadway Ste 409
Bismarck, ND 58501-4071
panda_intake@nd.gov (underscore between panda and intake)
701-328-2950 or 1-800-472-2670

Persons Notified In Writing:

(Resident) (date)

(Resident Representative) (date)

(Facility Representative Who Completed Form) (date)