

**FAIR HEARING REQUEST
FOR TRANSFER OR DISCHARGE FROM A NURSING HOME
Nursing Home Transfer and Discharge Notice Attachment**

Complete this form if the resident disagrees with the discharge or transfer and wishes to request a Fair Hearing of the decision. All information must be completed. Please print.

NAME OF NURSING HOME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE/PHONE #: (____) _____ FAX: (____) _____

HEARING REQUESTED FOR: _____
(Name of Resident)

RESIDENT'S REPRESENTATIVE: _____
(If applicable)

REPRESENTATIVE'S RELATIONSHIP TO RESIDENT: _____

REPRESENTATIVE'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE'S AREA CODE/PHONE #: (____) _____

I DISAGREE WITH THE TRANSFER OR DISCHARGE FOR THE FOLLOWING REASON(S):

(Use Additional Sheet if Necessary)

Resident or Representative Signature Printed Name Date

COMPLETE THIS FORM AND MAIL OR FAX TO:

**Department of Children and Families
Office of Appeal Hearings
1317 Winewood Boulevard
Building 5, Room 203
Tallahassee, Florida 32399-0700
Telephone Number: (850) 488-1429
FAX: (850) 487-0662**