



## 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  
Tallahassee, Florida 32399-0700  
**Telephone Number: (850) 488-1429**  
**FAX: (850) 487-0662**