

**\*DISCLAIMER: This is only a guide/helpful tool. Be sure to carefully examine the regulatory requirements for your type of facility to ensure your notice meets applicable requirements.\***

Date:

Resident Name:

Address:

Resident Representative:

Address:

Notice of **[Transfer/Discharge]**

Dear **[Resident/Resident Representative]**:

This letter is to notify you that we intend to **[discharge/transfer]** you from **[this home/your room]** on **[date]**.

The specific reasons for your **[discharge/transfer]** are:

**[Indicate resident-specific reason in detail]**

You are being **[transferred/discharged]** to the following location:

**[Indicate the location to which the resident is being transferred or discharged]**

You have the right to appeal the home's decision to **[discharge/transfer]** you within ten (10) business days of receipt of this notice. You have the right to remain in the home and in your room until there is a final decision on your appeal. If you want to appeal, there are two ways to make your appeal.

1. You can inform the home's Administrator directly, either verbally or in writing. They will then notify the State.
2. You can contact the State directly either verbally or in writing. The State of Vermont Division of Licensing and Protection is the entity that receives and reviews such requests. To appeal to the State, contact:

State Survey Agency Director, Suzanne Leavitt  
Division of Licensing & Protection  
HC 2 South 280 State Drive  
Waterbury, VT 05671-2060

Telephone: (802) 241-0480

Email: [surveyandcertification@vermont.gov](mailto:surveyandcertification@vermont.gov)

The State does not use a formal appeal form or require a formal appeal hearing request.

A decision on your appeal will be made in eight (8) business days, and you will receive notification of the State's decision in writing.

If the decision by the Division of Licensing and Protection is unfavorable to you, you then may appeal that decision to the Human Services Board. The decision letter from Licensing and Protection will contain information on how to do this.

If you do not understand this letter, have questions about this notice or would like help requesting an appeal, contact the Long Term Care Ombudsman:

**[provide name, address, telephone number and email address for the applicable State Long Term Care Ombudsman]**

For residents who have intellectual, developmental, mental health or related disabilities, you may contact the following agency:

Disability Rights Vermont **[provide the mailing address, telephone number and email address if applicable to this resident].**

Please let the home's Administrator know if you need assistance contacting one of these agencies.

If you do not wish to appeal this notice, you do not need to take any further action. The Administrator will inform you of the next steps to proceed with the **[discharge/transfer]**.

You do not have to leave **[the home/your room]** until the date specified in the first paragraph of this letter.

Please let the home's Administrator know if you have any questions.

Sincerely,

cc: LTC Ombudsman (required)

(any other applicable parties)