

DISCHARGE NOTIFICATION AND STATEMENT
(See 22 VAC 40-72-420)

RESIDENT'S NAME: _____

1. Date of discharge notification to resident: _____ Method of notification: _____

2.a. Date of discharge notification to legal representative, if any: _____
Name of legal representative: _____ Method of notification: _____

2.b. Date of discharge notification to designated contact person, if any: _____
Name of designated contact person: _____ Method of notification: _____

3. Reason(s) for the discharge: _____

4. Actions taken by the facility to assist the resident in the discharge and relocation process:

5. Date of the discharge: _____
Destination (name and address): _____

6. If emergency discharge, name(s) of person(s) notified, relationship(s) to the resident, and date(s) of notification: _____

7. If the UAI was completed by a public human services agency assessor and the resident is discharged or dies, name of assessor, agency, and date assessor notified: _____

8. Date discharge statement provided (or mailed, option if emergency) to resident, legal representative and designated contact person: _____

Signed by: _____ Date: _____
(Licensee or Administrator)

(Name of Facility)