



**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 EMAIL, FAX OR MAIL TO:

**Department of Children and Families
Office of Appeal Hearings
2415 North Monroe Street, Suite I, Room 129
Tallahassee, FL 32303-4190
Telephone Number: (850) 488-1429
Fax: (850) 487-0662
Email: appeal.hearings@myflfamilies.com**