

Resident-Initiated Nursing Home Discharge

Use of this form means the resident has initiated discharge and NOT the Nursing Facility for ANY reason. Use of this form also requires the Nursing facility first conduct a care planning meeting which includes an invitation for participation to the district Long Term Care Ombudsman.

I am willingly moving out of the nursing facility. I understand this means I will not get a notice about my discharge from the nursing facility. I am making this choice and no one is asking me or making me leave the nursing home. I understand that since I am making this choice, I can't appeal my discharge from the nursing facility.

I want to move out of the nursing home.

Reason (may include that you don't want to be financially responsible for services, even when an appeal has been filed):

Resident or Representative Printed Name

Resident Signature

Signature Date

By my signature, I attest that this move was initiated by the resident and/or representative and that I have thoroughly discussed this action with the resident to ensure that the resident and/or representative understands what he/she is signing and agrees that the action is being taken at his/her request. I further attest that I have conducted a care planning meeting and the district Ombudsman was invited to participate.

Nursing Facility Administrator/Designee Printed Name

Nursing Facility Administrator/Designee Signature

Signature Date