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)

032-05-0527-03-eng (06/09)