VDSS MODEL FORM - ALF

DISCHARGE NOTIFICATION AND STATEMENT
(See 22 VAC 40-73-430)

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: _______________

2.c. For public pay residents, date(s) of discharge notification to eligibility worker and assessor: ______
Names of eligibility worker and assessor: ____________________________ 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. For public pay residents, in the event of a resident’s death, names of eligibility worker and assessor notified, respective agency, and date(s) notified: ____________________________
_________________________________________________________________________________

8. Date discharge statement provided to resident, and as appropriate, legal representative and designated contact person (specify to whom provided): ____________________________

Signed by: __________________________ Date: __________________________

(Licensee or Administrator)

(Name of Facility)

032-05-0527-04-eng (02/18)