Notice of Involuntary Transfer or Discharge and Opportunity for Hearing For Nursing Home Residents (for Assisted Living forms, visit www.dph.illinois.gov)

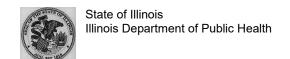
FACILITY INFORMATION					
Facility Name Telephone Number Fax Number		Address Email Address		County Date of Notice to Resident	
Resident's Name	Re	esident's Date of Birth	Resident's Re	presentative Name	
Resident's Representative	Address		Resident's Re	presentative Telephone No.	
☐ FEDERAL PROCEEDI	NG STATE PROCE	EEDING EMERGEN	CY TRANSFER O	R DISCHARGE YES NO	
-	cannot be met in this fa	cility, as documented in you		by your physician, 483.15	
☐ the safety of individuals	hysician, 483.15 (c)(1)(i) in this facility is endang				
the health of individuals physician, 483.15 (c)(1	•	erwise be endangered, as	documented in yo	ur clinical record by your	
☐ you have failed, after re	easonable and appropria	te notice, to pay for your s	stay at this facility, 4	l83.15 (c)(1)(i)(E); or	
☐ this facility ceases to op	perate, 483.15 (c)(1)(i)(F).			
On the date of transfer o	r discharge, you will be	e relocated to:			
Facility/Person _					
Address					
Telephone					
Pursuant to Section 483.15 your safe and orderly trans			ovide sufficient pre	paration and orientation to ensure	
				y, along with a copy of this notice	

Springfield, IL 62761; Email DPH.AdminHearings@illinois.gov; or fax: 630-954-3502.



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□ STATE PROCEEDING. This fa to transfer or discharge you pursua will be responsible for securing shelte Illinois Department of Public Health, i	ant to the Nursing Home Care are and health care for yourself.	Act, 210 ILCS 45/1-10 You may seek reloca	1, et seq. ("state law"). You
As discussed with clinical record pursuant to Section 3-4	on 408 of the state law, the reaso	, 20 n for this proposed tra	, and as documented in your nsfer or discharge is:
$\hfill \square$ medical reasons, as documented	in your clinical record by your	physician, 210 ILCS 4	.5/3-401(a);
□ your physical safety, 210 ILCS 45	/3-401(b);		
$\ \square$ the physical safety of other reside	nts, the facility's staff, or visito	rs, 210 ILCS 45/3-401	(c); or
$\ \square$ late payment or nonpayment for y	our stay, 210 ILCS 45/3-401(d	l).	
The responsible party,up to the date the transfer or discharge			
To obtain the name of a local represe you may call the Illinois Department of Department on Aging, One Natural R	on Aging, Senior Helpline, toll-t	free at 800-252-8966 o	or write to the Illinois
The agency responsible for the protection of the	ction and advocacy of the dev	elopmentally disabled	or mentally ill individuals is
20 N. Michigan Ave., Suite 300, Chic 341-0295.	ago, IL 60602, 312-341-0022, (Vo	oice) 800-537-2632, (TT	Y) 800-610-2779, (Fax) 312-
300 East Main St., Suite 18, Carbond 457-7985.	dale, IL 62901, 618-457-7930, (Vo	pice) 800-758-6869, (TT	Y) 800-610-2779, (Fax) 618-
1 West Old State Capitol Plaza, Suite (Fax) 312-800-0912.	e 500, Springfield, IL 62701, 217-	544-0464, (Voice) 800-7	58-0464, (TTY) 800-610-2779,
The effective date of the proposed tra will supervise your transfer or dischar			, 20 The person who
Name:			
Address:			
Telephone:			
Email:			



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APPEAL RIGHTS

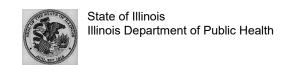
Regardless of whether the facility's proposed action is under federal regulations or state law, you have the right to appeal the decision to transfer or discharge you.

If you think you should not have to leave this facility, you may file a Request for Hearing with the Illinois Department of Public Health within 10 days after receiving the notice.

If you request a hearing, it will be held not later than 10 days after your request, and you generally will not be transferred or discharged during that time. If the decision following the hearing is not in your favor, you generally will not be transferred or discharged prior to the expiration of 30 days following receipt of the original Notice of Transfer or Discharge. A form to appeal the facility's decision is attached. If you have questions, call the Illinois Department of Public Health, Administrative Hearing Review, at 217-557-9592 or 217-557-5688.

A copy of this notice was placed in your clinical record and a copy was transmitted to the Illinois Department

9:
s under the consent otions before being object provider, called a contact them through to housing and services hay also request that the Agency contact an Services (DHS) are a class member, a list and before or at the pointers to questions about the mailing
a family member, and it f Healthcare and



Involuntary Transfer or Discharge Request for Hearing

INSTRUCTIONS

FACILITY INFORMATION:

If you wish to contest the proposed involuntary transfer or discharge, complete this form and submit to: Illinois Department of Public Health, Division of Administrative Hearing Review, 535 W. Jefferson St., Springfield, IL 62761, Email: DPH.AdminHearings@illinois.gov; Fax: 630-954-3502 within 10 days after receiving the Notice of Involuntary Transfer or Discharge.

Facility Name		Address	County
Telephone Number	Fax Number	Email Address	Date of Notice to Resident
RESIDENT INFORMATION	DN:		
Resident's Name		Resident's Date of Birth	Resident's Representative Name
Resident's Representative	e Address	Resident's Representative Telephone No.	
Printed name of person	on requesting a h		Date:
Signature of person requesting a hearing:			
Printed name of resid	ent's attorney (if a	applicable):	
Resident's attorney's	address:		
Resident's attorney's			



Availability of Translation and Interpretation Services

English

"You have the right to an interpreter. You also have the right to have this notice translated into another language. You must make your request to the Administrative Law Judge identified below within seven (7) days of receiving this notice. All of these services will be provided to you by the Illinois Department of Public Health at no cost to you."

Arabic

"لديك الحق في الحصول على مترجم فوري. ولديك أيضًا الحق في ترجمة هذا الإشعار إلى لغة أخرى. يجب عليك تقديم طلبك إلى القاضي الإداري (Administrative Law Judge) الوارد اسمه أدناه في غضون سبعة (7) أيام من استلام هذا الإشعار. سيتم تقديم جميع هذه الخدمات من قبل إدارة الصحة العامة في إلينوي إليك مجانًا."

Simplified Chinese

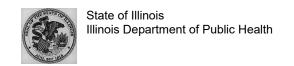
"您有权获得口译服务。您也有权要求将此通知翻译成其他语言。您必须在收到此通知后的七(7)天内向下方所列的行政法法官提出请求。伊利诺伊州公共卫生部将免费为您提供所有这些服务。"

Gujarati

"તમને દુભાષિયા મેળવવાનો અધિકાર છે. તમને આ સૂચનાનો અન્ય ભાષામાં અનુવાદ મેળવવાનો અધિકાર પણ છે. તમારે આ નોટિસ મળ્યાના સાત (7) દિવસની અંદર નીયે આપેલા વહીવટી કાયદાના ન્યાયાધીશને તમારી વિનંતી સબમિટ કરવી પડશે. ઇલિનોઇસ ડિપાર્ટમેન્ટ ઑફ પબ્લિક હેલ્થ (Illinois Department of Public Health) દ્વારા તમને આ બધી સેવાઓ કોઈપણ ખર્ચ વિના પૂરી પાડવામાં આવશે.

Korean

"당신은 통역사를 가질 권리가 있습니다. 또한 귀하는 이 통지문을 다른 언어로 번역할 권리가 있습니다. 귀하는 이 통지를 받은 날로부터 칠(7) 일 이내에 아래에 명시된 행정 법원 판사에게 요청해야 합니다. 이러한 모든 서비스는 일리노이 공중보건부에서 무료로 제공합니다."



Traditional Chinese

"您有權獲得口譯服務。您也有權要求將此通知翻譯成其他語言。您必須在收到此通知後的七(7)天內向下方 所列的行政法法官提出請求。伊利諾州公共衛生部將免費為您提供所有這些服務。"

Polish

"Masz prawo do tłumacza. Masz również prawo zażądać przetłumaczenia niniejszego powiadomienia na inny język. Wniosek należy złożyć do sędziego sądu administracyjnego wskazanego poniżej w ciągu siedmiu (7) dni od otrzymania niniejszego powiadomienia. Wszystkie te usługi zostaną Państwu zapewnione bezpłatnie przez Departament Zdrowia Publicznego stanu Illinois.

«Вы имеете право на переводчика. Вы также имеете право на перевод настоящего уведомления на другой язык. Вы должны подать ходатайство указанному ниже судье по административным делам в течение семи (7) дней с даты получения настоящего уведомления. Все эти услуги будут предоставлены вам Департаментом здравоохранения штата Иллинойс совершенно бесплатно».

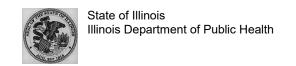
Spanish

Russian

"Usted tiene derecho a un intérprete. También tiene derecho a que este aviso se traduzca a otro idioma. Debe presentar su solicitud al Juez de Derecho Administrativo identificado a continuación dentro de los siete (7) días posteriores a la recepción de este aviso. El Departamento de Salud Pública de Illinois le brindará todos estos servicios sin costo alguno".

Tagalog

"May karapatan kang magkaroon ng interpreter. May karapatan ka ring ipasalin ang pabatid na ito sa ibang wika. Dapat mong gawin ang iyong kahilingan sa Administrative Law Judge na tinukoy sa ibaba sa loob ng pitong (7) araw pagkatapos matanggap ang pabatid na ito. Ibibigay sa iyo ng Illinois Department of Public Health ang lahat ng serbisyong ito nang libre."



Urdu

آپ کو ترجمان رکھنے کا حق حاصل ہے۔ آپ کو اس نوٹس کا دوسری زبان میں ترجمہ کروانے کا بھی حق حاصل ہے۔ آپ کو یہ نوٹس موصول ہونے کے سات (7) دنوں کے اندر ذیل میں شناخت کر دہ ایڈمنسٹریٹو لاء جج کو اپنی درخواست کرنی چاہیے۔ یہ تمام خدمات آپ کو الینوائے گئیار ٹمنٹ آف پبلک ہیلتھ کی طرف سے آپ کو مفت فراہم کی جائیں گی۔

Ukranian

«Ви маєте право на перекладача. Ви також маєте право на переклад цього повідомлення іншою мовою. Ви маєте подати своє клопотання зазначеному нижче судді з адміністративних справ протягом семи (7) днів із дати отримання цього повідомлення. Усі ці послуги буде надано вам Департаментом охорони здоров'я штату Іллінойс цілком безкоштовно».

Vietnamese

"Quý vị có quyền được có thông dịch viên. Quý vị cũng có quyền yêu cầu dịch thông báo này sang một ngôn ngữ khác. Quý vị phải gửi yêu cầu của mình tới Thẩm Phán Luật Hành Chính được nêu dưới đây trong vòng bảy (7) ngày kể từ khi nhận được thông báo này. Tất cả các dịch vụ này sẽ được Sở Y tế Công Cộng Illinois cung cấp cho quý vị mà không mất phí."