

AGING AND DISABILITY SERVICES ADMINISTRATION (ADSA)
RESIDENTIAL CARE SERVICES (RCS)
REQUEST FOR AN ADMINISTRATIVE HEARING

OFFICE OF ADMINISTRATIVE HEARINGS
PO BOX 42489
OLYMPIA WA 98504-2489

I request a hearing to contest the nursing facility's decision to transfer/discharge me.
I was notified of the nursing facility's decision on _____,

RESIDENT NAME		TELEPHONE NUMBER
NURSING FACILITY NAME		
NURSING FACILITY ADDRESS		
CITY	STATE	ZIP CODE
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____		
Do you need special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
RESIDENT SIGNATURE		DATE
DO NOT COMPLETE THE FOLLOWING INFORMATION IF THE NURSING FACILITY RESIDENT IS REPRESENTING SELF.		
RESIDENT REPRESENTATIVE NAME		TELEPHONE NUMBER
ADDRESS		
ADDRESS	STATE	ZIP CODE
RELATIONSHIP/ORGANIZATION		