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|  |   AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES (RCS) **Request for an Administrative Hearing**  |
|    OFFICE OF ADMINISTRATIVE HEARINGS PO BOX 42489 OLYMPIA WA 98504-2489I 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? **[ ]**  Yes **[ ]** No If yes, what language?   |
|   Do you need special accommodations? **[ ]**  Yes **[ ]**  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 |