Nursing Home Discharge Appeal Form

Instructions

The New York State Department of Health manages the Discharge Appeal Process for residents that reside in a New York State licensed Nursing Home. To file a Discharge Appeal, please complete this form and send it to:

Center for Residental Surveillance
Office of Aging and Long-Term Care
ATTN: Division of Residential Support
Empire State Plaza
Albany, New York 12237

Or

Fax: (518) 408-1157

Or

E-mail as an attachment to: nhintake@health.ny.gov

In order to process your Discharge Appeal in a timely manner, please:

- Type or Print clearly
- Complete this form in its entirety, including your contact information
- Include any names and phone numbers with whom you have already filed a complaint
- Attach copies of paper materials that support your concern **(No originals please)**

Trained and certified staff will review your concerns and determine how the Department will proceed.

Should you have questions, please contact the Nursing Home Complaint and Discharge Appeal Hotline at 1-888-201-4563, Monday through Friday, 8:30 AM - 4:45 PM, excluding holidays.

Contact Information

Providing information about yourself will allow Department staff to contact you should additional information be needed. As a Discharge Appeal, we will need to disclose information (i.e., the resident's name) with the facility. Please provide your contact information for the Department.

First Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone Number: _____ Alternative Phone Number: _____

Resident Information (Required)

E-Mail Address: _____ How are you related to the resident? _____

First Name: _____ Last Name: _____

Current Location: ☐ Nursing Home ☐ Hospital ☐ Other (Specify): _____

Date of Nursing Home Discharge, if applicable: _____

Facility Information

Nursing Home Name: _____

Nursing Home Address: _____

Nursing Home City: _____ Room Number: _____

Discharge Appeal Information

Date notice issued: _____ Discharge date: _____

Reason for discharge listed on notice: _____

Discharge outlet/location: _____

Reason for requesting an appeal: _____

Have you notified the Ombudsman? ☐ Yes ☐ No If so, when? _____

Please briefly describe your concerns and include involvement of any staff, other residents and any witnesses: