

Assisted Living Resident Discharge Notice

updated 10/16/2025

Resident Name: _____ Date of Birth: _____ Phone Number: _____

Resident Email: _____ Resident Representative Name: _____

Representative Phone Number: _____ Representative Email: _____

Discharging Facility: _____ Admission Date: _____

Discharge Location

Discharge Effective Date: _____ Date Discharge Notice Issued to Resident: _____

Resident is being discharged to:

- Another Assisted Living Facility, Name: _____
- A Nursing Care Facility, Name: _____
- A private residence/resident's home, Address: _____
- Other Location: _____

Reason for Discharge

- The discharge is necessary to meet the needs of the resident that cannot be met in the facility
 - o Need(s) that cannot be met: _____
 - o Facility attempts to meet needs: _____
- The resident has failed to pay for services as required by the admission agreement
- The resident has failed to comply with written policies or rules of the facility
- The resident poses a threat to health or safety to self or others
- The facility is ceasing to operate

Resident Rights

The resident has the right to request a conference within 5 calendar days with their local Ombudsman and facility staff to discuss the discharge

Utah State Ombudsman:

Alianne Sipes
385-222-1273; asipes@utah.gov
195 North 1950 West
Salt Lake City, Utah 84116

Local County Ombudsman:

Name: Ann Humpherys

Phone: 801-229-3809

Email: ombudsman@magutah.gov

Address: 586 E 800 N Orem UT 84097

Additional Utah Services for Developmentally Disabled/Mental Health Services

Utah Disability Law Center

- o Website: disabilitylawcenter.org
- o Phone: 800-662-9080
- o Email: stat@disabilitylawcenter.org
- o Office: 960 S Main St. SLC UT 84101
- o Hours: 8am - 5pm Monday - Friday

Local Mental Health Authority:

Name: Wasatch Behavioral Health

Phone: 801-373-4760UT County/435-654-3003 Wasatch County

Website: wasatch.org

Address: 750 N Freedom Blvd Provo UT 84601

Hours: Monday-Friday 8am-5pm

*It is the facility's responsibility to ensure this form is current, containing all required information *Send discharge notice to State Ombudsman the day the notice is given to resident: **Email: sltcop@utah.gov.**