

Facility Name: Middlesex Secure Residential Program (MTCR)	
Policy: Discharge/Transfer Notice	
Replaces Version Dated:	Effective Date: 3/26/13

Date: _____

Resident's Name _____

Resident's Representative _____

Address _____

Dear _____]:

This letter is to notify you of our intention to [discharge/transfer] you from [MTCR/your room] on [date]. The specific reasons for your [discharge/transfer] are:

[_____].

You have the right to appeal the decision of your [discharge/transfer].

To appeal, you must complete the following steps:

1. You or your legal representative must inform the MTCR Director or the Director of Licensing and Protection that you wish to appeal this [discharge/transfer] notice. You can make this request verbally or in writing. You can contact the Division of Licensing and Protection, 103 South Main St., Waterbury, VT 05676, phone number 800-564-1612.
2. You must request the appeal within ten business days from the date you receive this notice.
3. At the time you request the appeal, you or your legal representative must provide material or information verbally if you are unable to do it in writing. At your request, the Division of Licensing and Protection will send you any material(s) or information it receives from MTCR explaining the reasons for the [discharge/transfer].

The Director of Licensing and Protection will make a decision within eight business days of your request to appeal the Director's decision to the Human Services Board.

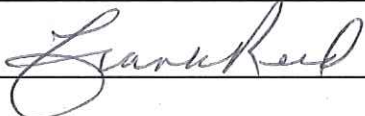
The written decision will include information on how to do this.

If you do not understand this letter, or if you would like help requesting an appeal, you can contact the Ombudsman in your area, or Vermont Protection and Advocacy. Phone numbers for these agencies are posted on the resident bulletin board. Please let a staff member know if you need assistance contacting one of these agencies.

If you do not wish to appeal the discharge, you do not need to take further action.

The Program Director or Social Worker will inform you of the next steps to proceed with your [discharge/transfer].

You do not have to leave [MTCR/your room] until the date specified in the first paragraph of this letter.

Approved by DMH Commissioner	Approval Date:
	10/11/16