

**NURSING HOME  
HEARING REQUEST FORM**

**TO BE COMPLETED BY NURSING FACILITY**

Resident: \_\_\_\_\_

Facility: \_\_\_\_\_

Date of Transfer/Discharge Notice: \_\_\_\_\_

Date of Scheduled Transfer/Discharge: \_\_\_\_\_

Dear Hearing Officer:

I would like to request a hearing to appeal the above resident's notice of transfer/discharge. I would like for the hearing to be held (please check one):

By telephone

In person in Raleigh, NC

Name of Person Requesting Hearing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(The signature of resident or family member or legal representative authorizes release of medical records)

If you have questions, you may contact the DHHS Hearing Office by calling (919) 647-8200 or by calling the DHHS Customer Service Center at 1-800-662-7030.

**PLEASE COMPLETE THE ABOVE INFORMATION AND ATTACH A COPY OF THE NOTICE OF TRANSFER OR DISCHARGE THAT WAS ISSUED TO YOU BY THE NURSING FACILITY. YOUR REQUEST MUST BE RECEIVED NO LATER THAN ELEVEN DAYS FROM THE DATE OF THE NOTICE OF TRANSFER/DISCHARGE. YOUR REQUEST FORM MAY BE SUBMITTED BY MAIL OR FACSIMILE TO:**

DHHS Hearing Office  
2501 Mail Service Center  
Raleigh NC 27699-2501

Fax (919) 715-6394