

Name of resident: _____



Adult Foster Home Notice of Involuntary Move or Transfer of Resident

This notice issued to: _____
(Name of resident)

Resident's email: _____

Private pay or Medicaid

(If a Medicaid client, provide case manager's name and phone number below)

Case manager's name: _____

Phone number: _____

City/State/ZIP code: _____
(Resident's address and current location if outside the AFH)

Resident's representative

Representative's name: _____

Phone number: _____

City/State/ZIP code: _____

Representative's email: _____

1. Issued by:

Licensee name: _____

Licensee email: _____

Administrator name: (if applicable) _____

AFH street address: _____

City/State/ZIP code: _____

Licensee mailing address
(if different from the AFH address) _____

Licensee AFH telephone number: _____

Indicate type of notice (check the box that applies):

At least 30 days

Less than 30 days (see page 2)

Location to which resident is moving, if known: _____

Date of proposed move: _____

**Failure to move by the end of the move-out notice period does not
invalidate this notice.**

**A resident may be required to move to another room within the AFH or move
out of the AFH for a temporary or permanent stay for specific reasons listed**

Name of resident: _____

below. Resident rights are listed on the back of this notice. See OAR 411-050-0760(3) for the complete text.

2. This notice is specifically issued because *(use additional paper as needed)*:

3. Written notice — this action is based on *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Closure of AFH | <input type="checkbox"/> Unable to meet evacuation standards |
| <input type="checkbox"/> Nonpayment | <input type="checkbox"/> License terminated by the department |
| <input type="checkbox"/> Welfare of resident or residents: | |
| <input type="checkbox"/> Behavior that poses an imminent danger to self or others, including acts that result in the resident's arrest or detention; | |
| <input type="checkbox"/> Behavior or actions that repeatedly and substantially interferes with the rights, health or safety of residents or others; or | |
| <input type="checkbox"/> Use of illegal drugs or a criminal act that places a resident or others at risk of harm. | |
| <input type="checkbox"/> Medical reasons — complex, unstable or unpredictable condition that exceeds the level of care and services the facility provides; | |
| <input type="checkbox"/> AFH was not notified that the resident is on probation, parole or post-prison supervision after conviction of a sex crime defined in ORS 181.805; | |
| <input type="checkbox"/> For Medicaid residents only: Medicaid Provider Enrollment Agreement or specialized contract is terminated. | |

Requirements for issuing less than 30 days' notice:

At least 30 calendar days prior to the voluntary move or transfer of a resident, which includes an involuntary move to another room in the adult foster home, the licensee must issue written notice using this form to the resident and the resident's representative, guardian, conservator and case manager, as applicable.

Less than 30 days of notice is only allowed in specific circumstances as stated below and must be hand delivered to the resident as soon as possible. Less than 30 calendar days of notice may be issued if:

1. Undue delay in moving would jeopardize the health, safety or well-being of a resident, including:
 - a. The resident has a medical emergency that requires the immediate care of a level or type that the AFH is unable to provide; or
 - b. The resident exhibits behavior that poses immediate danger to the resident or others.

Name of resident: _____

2. The resident is hospitalized or is temporarily out of the home and the licensee determines that he or she is no longer able to meet the resident's needs; or
3. AFH was not notified that the resident is on probation, parole or post-prison supervision after conviction of a sex crime defined in ORS 181.805.

OAR 411-050-0760 require this notice be:

- Delivered in person to the resident on the issue date of this notice;
- Delivered in person or by certified or registered mail to the resident's representative, guardian or conservator; and
- Sent immediately to the local licensing authority and resident's case manager, if applicable.

Copies of this notice have been issued to (*use an additional page if needed*):

_____ Resident	_____ Date delivered	
_____ Name	_____ Relationship to resident	_____ Date sent
_____ Name	_____ Relationship to resident	_____ Date sent
_____ Case manager (<i>name</i>)	_____ Date sent	
_____ Local licensing authority	_____ Date sent	

If the resident lacks capacity and there is no legal representative, a copy of the notice must be immediately submitted to the State's Long Term Care Ombudsman as specified in OAR 411-050-0760(4) by email at LTCOinfo@oregon.gov or fax to 503-373-0852.

Licensee's signature

Date signed

Resident Rights: You have the right to receive at least 30 calendar days of notice except for the circumstances described above. To request a conference or a hearing, call the nearest licensing office listed on the following pages.
If you do not want to move or if you have questions about your right to disagree with this notice, you may contact the Oregon Long-Term Care Ombudsman at

Name of resident: _____

1-800-522-2602 or 3855 Wolverine Street NE, Suite 6, Salem, Oregon 97305-1251, or email at LTCOinfo@oregon.gov.

County	Location of adult foster home licensing office	Phone
Baker, Grant, Harney, Malheur, Union Wallowa	Aging and People with Disabilities 186 East Lane, Suite 4 Ontario, Oregon 97914	541-889-7553 1-800-442-4352
Benton, Lincoln, Linn	Oregon Cascades West Council of Governments Senior and Disability Services 1400 Queen Avenue SE, Suite 206 Albany, Oregon 97322	541-967-8630 1-800-638-0510
Clackamas	Aging and People with Disabilities 221 Molalla Avenue, Suite 104 Oregon City, Oregon 97045	971-673-7600
Clatsop, Polk (<i>excluding West Salem</i>), Tillamook, Yamhill	NorthWest Senior and Disability Services 300 SW Hill Road McMinnville, Oregon 97128	503-472-9441 1-866-333-7218
Columbia, Washington	Aging and People with Disabilities 5240 NE Elam Young Parkway, Suite 200 Hillsboro, Oregon 97124	971-673-5192
Coos, Curry	Aging and People with Disabilities 2675 Colorado Street North Bend, Oregon 97459	541-756-2017
Crook, Deschutes Jefferson	Aging and People with Disabilities 1135 SW Highland Avenue Redmond, Oregon 97756	541-548-2206
Douglas	Aging and People with Disabilities 738 W. Harvard Avenue, Suite 180 Roseburg, Oregon 97471	541-440-3580 1-800-548-3381
Gilliam, Hood River, Sherman, Wasco, Wheeler	Aging and People with Disabilities 3641 Klindt Drive The Dalles, Oregon 97058-1843	541-298-4114
Jackson, Josephine	Aging and People with Disabilities	541-776-6222

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County	Location of adult foster home licensing office	Phone
	2860 State Street Medford, Oregon 97504-8474	
Klamath, Lake	Aging and People with Disabilities 714 Main Street Klamath Falls, Oregon 97601	541-883-5551
Lane	Lane Council of Governments Senior and Disability Services 1015 Willamette Street Eugene, Oregon 97401	541-682-4038 1-800-441-4038
Marion - Polk	NorthWest Senior and Disability Services 3410 Cherry Avenue NE P. O. Box 12189 Salem, Oregon 97309	503-304-3400 1-800-469-8772
Morrow, Umatilla	Aging and People with Disabilities 1555 SW Southgate Place Pendleton, Oregon 97801-2580	541-278-4161
Multnomah County is exempt from the adult foster home license, inspection and fee provisions of ORS 443.705 to 443.825 as authorized by ORS 443.780. Contact their office for more information.		
Multnomah	Multnomah County Aging and Disability Services Adult Home Care Program 421 SW Oak Street, Suite 510 Portland, Oregon 97204	After hours help line: 503-988-3646 Licensing inquiries: 503-988-3000