(Agency Address)

(Address)

(Date)

Dear\_\_\_\_\_\_\_,

This letter is to inform you that will be discharged from \_\_\_\_\_ Program effective \_\_\_\_; 30 days from today. This discharge is necessary due to guidelines sighted in the Ohio Administrative code 5123:2-3-05, (c) “The individual is creating an unreasonable risk of harm to himself, other individuals, or staff in the residential facility.” \_\_\_\_\_ is unable to serve due to (the requested removal of a behavioral intervention, by the guardian, that ensured the health and safety of, other residents, and facility staff. )

You have the right to appeal this decision and to contact Ohio Legal Rights at (614) 466-7264, 8 East Long Street 5th Floor, Columbus, Ohio 43215. Please see the attached appeal procedures and a copy of the Ohio Administrative Code concerning discharges. Should you choose to appeal, remember that the appeal process must be made within five days of receipt of this letter and should be directed to\_\_\_\_\_. She will consider your appeal and take it to the Board of Trustees if you indicate that you would prefer this option. Please feel free to call me with any questions or concerns at (614) 583-0367.

Sincerely,

(Director Name)

Attachments

CC: (Make sure to give one to resident)