



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

DHS-121NF
Rev. 10/14

REQUEST FOR A HEARING

SECTION I - IDENTIFYING INFORMATION

NAME: _____
Case Number or Social Security Number
ADDRESS: _____

SECTION II - STATEMENT OF COMPLAINT

(To be completed by patient or patient's representative).

Signature _____ Date _____
(Patient)

SECTION III - STATEMENT OF NURSING FACILITY

(To be completed by facility representative).

Explain decision in relation to complaint and policy:

Signature _____ Date _____
(Nursing Facility Representative)

AGENCY USE ONLY

- 1) Date Received in Hearing Office: _____ 2) Date Routed to Nursing Facility: _____
- 3) Date Returned to Hearing Office: _____ 4) Date Hearing Scheduled: _____

INSTRUCTIONS FOR COMPLETING DHS-121NF

This form is used by both the patient and the nursing facility representative to:

1. Identify in writing by the patient the cause of his/her complaint; and
2. Identify by the nursing facility representative the policy on which the decision causing the complaint was based.

This form must be provided along with a copy of the **NOTICE OF YOUR TRANSFER AND DISCHARGE RIGHTS (DHS-200NF)** to the patient at the same time written notification of transfer or discharge from the nursing facility is given. A patient has thirty (30) days from the date of pre-transfer or pre-discharge notification to request a hearing. If the request for a hearing is made within ten (10) days of the date of the notification, the patient may remain in the nursing facility pending the hearing decision.

SECTION I and II

These two sections may be filled out by the patient alone, or by the patient and a representative, if the patient needs help in completing the form. The section is signed by the patient making the complaint. Upon completion, the form should be routed promptly to:

DEPARTMENT OF HUMAN SERVICES
HEARING OFFICE
57 Howard Avenue
Cranston. RI 02920

Upon receipt of the DHS-121NF the Hearing Office date stamps the form and sends a copy of the DHS-121NF along with a letter instructing the nursing facility representative to complete Section III and return the form to the Hearing Office within seven (7) days.

SECTION III

The nursing facility representative completes Section III, citing the transfer or discharge policy that was the basis for making the decision to move the patient from the facility. This section is signed by the nursing facility representative. The DHS-121NF must be completed by the nursing facility representative. Complete and return within seven (7) days to:

DEPARTMENT OF HUMAN SERVICES
HEARING OFFICE
57 Howard Avenue
Cranston. RI 02920