

Date:

Resident
MT Mental Health Nursing Care Center
800 Casino Cr. Dr.
Lewistown, MT
59457

Dear _____,

As you are aware, your treatment team has been investigating a less restrictive environment to care for you. You no longer require long-term Psychiatric Nursing Home level of care provided by MT Mental Health Nursing Care Center.

A referral packet has been sent to _____.

Should they accept you for admission, a tentative date for discharge, on your current commitment, has been set for after (5days)_____, when a bed is available.

State Statute MCA 53-21-181 mandates that notice of the discharge must be filed with the court and the county attorney at least 5 days prior to the discharge.

This letter is your notification of discharge.

If you have any questions about (receiving facility), please call (Contact person).

If you need assistance in understanding your rights, you may contact your attorney, _____ at phone #.

If you have questions or concerns that I could address, please contact me at 406-538-7451.

Sincerely

Kathy Ahlgren
Director of Clinical Support Services

CC: Deputy Co. Attorney
Judge
Resident's Attorney
Guardian