

Date

Resident
MT Mental Health Nursing Care Center
800 Casino Creek Drive
Lewistown MT 59457

Dear _____,

As you are aware, your care plan 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 the Montana 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 (5 days) _____, when a bed is available.

State Statute MCA 53-221-181 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 any questions or concerns that I could address, please contact me at 406-538-7451.

Sincerely,

Social Service Supervisor

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