

## PASRR MOVEMENT FORM

This form is used to notify The Department of Developmental Disabilities of the movements and address changes concerning individuals with developmental disabilities residing in nursing facilities. **Notices of TRANSFERS, DISCHARGES, and DEATHS of individuals should be forwarded to the State in a timely manner.**

Please email this form to: [PASRRDOC@dodd.ohio.gov](mailto:PASRRDOC@dodd.ohio.gov). *Faxes may be sent to (614)995-4877.*

LAST NAME:	FIRST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
COUNTY BOARD:		PERSON COMPLETING FORM & DATE	

### **TRANSFERRED**

DATE OF MOVEMENT:	Typically from one nursing facility to another nursing facility & could have a hospital stay in between.
PREVIOUS NURSING FACILITY:	COUNTY:
NEW NURSING FACILITY AND ADDRESS:	COUNTY:

### **DISCHARGED**

DATE OF MOVEMENT:	From a nursing facility to a community placement. Not from a nursing facility to a hospital.
PREVIOUS NURSING FACILITY:	COUNTY:
TYPE OF ALTERNATIVE PLACEMENT SETTING:	COUNTY:

### **DECEASED**

DATE OF DEATH:
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### **NOTICE**

This is a fax transmission of confidential information. If you are not the intended recipient, you are hereby notified that any retention or dissemination of this information is strictly prohibited.