Reference: 405 ILCS 5/3-910, 5/4-206 and 5/4-709

NOTICE OF TRANSFER BETWEEN STATE-OPERATED CENTERS

To:

You are hereby notified that: _____ will be transferred from
(Individual)

_____ to _____ on _____
(Center) (Center) (Month/day/year)

The reasons for this transfer are as follows:

I certify that I ☐ mailed ☐ delivered a copy of this notice in ☐ English ☐ Spanish ☐ Other: (specify) _____

to the person(s) listed above on _____
(month/day/year)

Signature: _____ Title: _____

Printed Name: _____ For Center Director: _____

PLEASE READ CAREFULLY THE INFORMATION CONTAINED BELOW. IT DESCRIBES THE RIGHTS OF BOTH THE INDIVIDUAL AND YOURSELF REGARDING THIS TRANSFER.

WHO HAS THE RIGHT TO OBJECT

MI Center: **Adult-** A individual may object to his or her transfer or the individual's attorney, guardian or responsible relative may object on his or her behalf.
Minor- The minor (if 12 years of age or older) may object to his or her transfer or the minor's attorney or person who executed the application for admission may object to the transfer.

DD Center: **Adult-** An individual may object to his or her transfer or the individual's attorney or guardian, or another person whom the individual designated to receive the Notice of Admission may object to the transfer. If the individual lacks sufficient capacity to understand and consent to the designation of persons to receive notice, the nearest adult relative shall receive the Notice of Transfer and may also object.
Minor- The minor (under the age of 18) may object to his or her transfer or the minor's attorney, parent, guardian, or person in loco parentis may object to the transfer.

EXPLANATION OF HOW TO OBJECT TO TRANSFER

Prior to transfer (or within 14 days after an emergency transfer), send a written and signed objection to the center director. Upon receipt, the center director will schedule a hearing to be held at the center within 7 days. The individual will remain at the center until a decision is made after the hearing.

The hearing takes place before a special committee of professional staff. The hearing is informal and you can bring in persons to make statements and present facts on your behalf.

The committee will send its recommendations to the center director, who will notify you of his or her decision within 7 days. If you do not agree with the decision, you may ask the Secretary of the Department of Human Services to review it

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A copy of this form shall be filed in the individual's record.

RETURN TO CENTER DIRECTOR

I object to the transfer of _____ from _____

(Individual's Name) (Name of Sending Center)

to _____

(Name of Receiving Center)

and request a hearing before the Utilization Review Committee.

_____ _____ _____

(Date) (Signature of Objector) (Relationship to Individual)

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

East Central Regional Office
2125 S. First Street
Champaign, IL 61820
Phone: (217) 278-5577
Fax: (217) 278-5588

Peoria Regional Office
401 N. Main Street, Suite 620
Peoria, IL 61602
Phone: (309) 671-3030
Fax: (309) 671-3060

Rockford Regional Office
4302 N. Main Street, Suite 108
Rockford, IL 61103
Phone: (815) 987-7657
Fax: (815) 987-7227

Egyptian Regional Office
47 Cottage Drive
Anna, Illinois 62906-1669
Phone: (618) 833-4897
Fax: (618) 833-5219

West Suburban Regional Office
Madden Mental Health Center
1200 S. First Street, P.O. Box 7009
Hines, IL 60141
Phone: (708) 338-7500
Fax: (708) 338-7505

Metro East Regional Office
Holly Bldg., 4500 College
Suite 100
Alton, IL 62002
Phone: (618) 474-5503
Fax: (618) 474-5517

North Suburban Regional Office
9511 Harrison Avenue
Des Plaines, Illinois 60016
Phone: (847) 294-4264
Fax: (847) 294-4263

Chicago Regional Office
160 N. La Salle Street
Suite S500
Chicago, IL 60601
Phone: (312) 793-5900
Fax: (312) 793-4311

Springfield Regional Office
521 Stratton Building
401 S. Spring Street
Springfield, IL 62706
Phone: (217) 785-1540
Fax: (217) 524-0088

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

Main/Chicago Office
20 N. Michigan, Ste 300
Chicago, Illinois 60602
(800) 537-2632 or
(312) 341-0022
TTY: (800) 610-2779
Fax: (312) 341-0295

Central Illinois
1 West Old Capitol Plaza, Suite 816
Springfield, IL 62701O Box 276
(217) 544-0464
(800) 758-0464
TTY: (800) 610-2779
Fax: (217) 523-0720

Northwestern Illinois
1515 Fifth Avenue, Suite 420
Moline, IL 61265
(309) 786-6868
(800) 758-6869
TTY: (800) 610-2779
Fax: (309) 797-8710

Southern Illinois
300 E. Main Street, Suite 18
Carbondale, IL 62901
(618) 457-7930
(800) 758-0559
TTY: (800) 610-2779
Fax: (618) 457-7985

Website: www.equipforequality.org