

## Notice of Discharge From A State-Operated Center

To:

You are hereby notified: \_\_\_\_\_ will be given a \_\_\_\_\_  
(Individual) (Specify type)

discharge from \_\_\_\_\_ on \_\_\_\_\_  
(Center) (Date)

The reason\* for this discharge 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)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ For Center Director: \_\_\_\_\_

\* For notification to school districts enter "not applicable" here.

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

### WHO HAS THE RIGHT TO OBJECT

MI Center: **Adult** - An individual may object to his or her discharge or the individual's attorney or guardian may object on his or her behalf.

**Minor** - The minor (if 12 years of age or older) may object to his or her discharge or the minor recipient's attorney or person who executed the application for admission may object to the discharge.

DD Center: An individual (if 12 years of age or older) may object to his or her discharge or the individual's attorney or guardian, or the person who executed the application for admission may object on the individual's behalf.

School districts do not have the right to object to discharge.

### EXPLANATION OF HOW TO OBJECT TO DISCHARGE

Prior to discharge, send a signed objection to the center director. On 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 fact 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.

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

### IMPORTANT INFORMATION IS ON THE BACK OF THIS FORM

I object to the discharge of \_\_\_\_\_ from \_\_\_\_\_  
(individual's name) (name of facility)

and request a hearing before the Utilization Review Committee.

Name of objector: \_\_\_\_\_ Relationship to individual: \_\_\_\_\_

Signature of objector: \_\_\_\_\_ Date: \_\_\_\_\_

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  
TTY : (866) 333-3362

**Peoria Regional Office**

401 N. Main Street, Suite 620  
Peoria, IL 61602  
Phone: (309) 671-3030  
Fax: (309) 671-3060  
TTY : (866) 333-3362

**Rockford Regional Office**

4302 N. Main Street, Suite 108  
Rockford, IL 61103  
Phone: (815) 987-7657  
Fax: (815) 987-7227  
TTY : (866) 333-3362

**Egyptian Regional Office**

#7 Cottage Drive  
Anna, Illinois 62906-1669  
Phone: (618) 833-4897  
Fax: (618) 833-5219  
TTY : (866) 333-3362

**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  
TTY : (866) 333-3362

**Metro East Regional Office**

Holly Bldg., 4500 College  
Suite 100  
Alton, IL 62002  
Phone: (618) 474-5503  
Fax: (618) 474-5517  
TTY : (866) 333-3362

**North Suburban Regional Office**

9511 Harrison Avenue  
Des Plaines, Illinois 60016  
Phone: (847) 294-4264  
Fax: (847) 294-4263  
TTY : (866) 333-3362

**Chicago Regional Office**

160 N. La Salle Street  
Suite S500  
Chicago, IL 60601  
Phone: (312) 793-5900  
Fax: (312) 793-4311  
TTY : (866) 333-3362

**Springfield Regional Office**

521 Stratton Building  
401 S. Spring Street  
Springfield, IL 62706  
Phone: (217) 785-1540  
Fax: (217) 524-0088  
TTY : (866) 333-3362

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) 541-7544

**Central Illinois**

1 West Old Capitol Plaza, Suite 816  
Springfield, IL 62701  
(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](http://www.equipforequality.org)