



Ohio Department of Mental Retardation and Developmental Disabilities

Ted Strickland, Governor

John L. Martin, Director

PASRR MOVEMENT FORM

*This form is used to notify ODMR/DD of the movements and address changes concerning individuals with MR/DD residing in nursing facilities. **Notices of TRANSFERS, DISCHARGES, and DEATHS of individuals should be forwarded to the State in a timely manner. Please print or enter data electronically. The form may be faxed or sent electronically to: FAX: (614) 995-4877 or Email: pasrr.support@odmrdd.state.oh.us***

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:

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.