

FORM FOR LONG-TERM CARE OMBUDSMAN WITNESSING OF A PROPERTY TRANSFER

Resident's Name:	
Address (use Facility Name/Address):	
Purchaser/Recipient's Name:	
Address:	
Description of Property (include purchase price/estimated value of each item):	
1.	\$
2.	\$
3.	\$

Signature of Resident

Date: _____

Signature of Purchaser/Recipient

Date: _____

Signature of Ombudsman Witness

Date: _____

Ombudsman Comments:

Health and Safety Code section 1289 (a) prohibits certain parties from purchasing or receiving property with a fair market value of more than \$100.00 from a resident of a long-term health care facility, unless the transaction is made in the presence of a representative of the Office of the State Long-Term Care Ombudsman. The role of the Ombudsman is to witness the transaction and ask questions as appropriate. The Ombudsman may also submit written comments pertaining to the transaction into the individual's health care record. Details of the transaction must be recorded by the facility in the health records of the resident.