

DATE: [Insert Date]

TO: [Patient Name / Inmate Name]

ID NUMBER: [Insert ID Number]

CURRENT FACILITY: [Insert Current Facility Name]

RE: Notice of Approval for Medical Hardship Transfer

Dear [Mr./Ms. Last Name],

This letter serves as formal notification that your request for a cross-facility medical hardship transfer has been reviewed and officially **APPROVED**.

After evaluating your medical records and the recommendation from the clinical staff, it has been determined that your specific healthcare needs require specialized services or accommodations available at the following location:

RECEIVING FACILITY: [Insert Name of New Facility]

Transfer Details:

- **Effective Date of Transfer:** [Insert Date or "Pending Scheduling"]
- **Reason for Approval:** [Insert brief reason, e.g., Proximity to specialized treatment / ADA accessibility]
- **Transportation:** Medical transport will be arranged to ensure continuity of care during the transition.

Please be advised that your medical files, current prescriptions, and pending treatment plans will be transferred to the medical department at the receiving facility prior to your arrival. You are instructed to begin packing your permitted personal belongings in accordance with facility policy.

If you have any questions regarding the logistics of this transfer, please contact your current Case Manager or the Medical Unit Administrator.

Sincerely,

[Signature]

[Name of Approving Authority]

[Title/Position]

[Department/Organization Name]

cc: Medical Department
Administration Office
Case Management