



## Residential Care Informal Dispute Resolution (IDR) Request Form In Accordance with the Residential Care Act

To access this form and the IDR process online at the Health Department web site [click here](#).

Residential Care Facilities must complete this form to dispute cited deficiencies. If you have any questions, contact the IDR Coordinator by telephone at (405) 426-8200 or via e-mail at [IDRCoordinator@health.ok.gov](mailto:IDRCoordinator@health.ok.gov).

### Submission

Complete this form, attach all documentary evidence relevant to each disputed deficiency and submit within **thirty (30) calendar days** of receiving the official Statement of Deficiencies. Submit this form to Oklahoma State Department of Health, Long Term Care, Attention: IDR Coordinator, 123 Robert S Kerr Ave, Suite 1702, Oklahoma City, OK 73102-6406. **An IDR will not be granted when a request form is incomplete or inaccurate. Documentary evidence submitted past the required timeframe will not be considered.**

IDR Type: (Check One)	Face-to-Face Meeting	Record Review	Telephone/ Virtual Conference
Facility Name: _____	Facility ID: _____		
Facility Administrator: _____	E-mail: _____		
Mailing Address: _____	Telephone Number: (    ) _____		
City: _____	Zip Code: _____	Facsimile Number: (    ) _____	
Date Statement of Deficiencies Received _____/_____/_____	Survey Exit Date: _____/_____/_____		

### Dispute Description

**Tag Number    Explanation of Dispute** (Why is facility disputing the deficiency? List reason for each.)  
*A Separate sheet may be attached, but must clearly identify the following: facility name, ID, survey exit date, tag number, scope & severity, and the explanation of dispute. All documentary evidence submitted must also identify these items.*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_