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| Ontario logo (reverse version) Evacuation Placement Form |
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| **Source LTC Home:** |  |
| **Home Number:** |  |
| **Source Home Licensee:** |  |
| **SAO:** |  |
| **HCCSS:** |  |
| **Licensee has Direct Funding Agreement and insurance? YES/NO** |  |
|  **Recipient LTC Home** |
| **Recipient LTC Home Name:** |  |
| **Home Number:** |  |
| **Address:** |  |
| **SAO:** |  |
| **HCCSS:** |  |
| **Administrator Name:** |  |
| **Admin Contact (email/phone#):** |  |
| **Recipient Home Licensee Name:** |  |
| **Licensee’s Signing Authority Title and First and Last Name:** |  |
| **Position:**  |  |
| **Email:** |  |
| **Licensee has Direct Funding Agreement and insurance? YES/NO** |  |
| **Current licensed capacity:** |  |
| **Any beds above the licensed capacity? YES/NO + How many?**  |  |
| **- OR-Stand Alone Temporary Unit (Non LTC)** |
|  |
| **Name:**  |  |
| **Address:** |  |
| **HCCSS:** |  |
| **SAO:** |  |
| **Contact Information for individual at the location:** |  |
| **How many beds?** |  |
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| **Today’s Date:** |

Placement Coordinator (PC) Name: Instructions:**NOTE:** A form must be completed for each receiving home/unit.1. PC must clearly complete form up to Part 1. 2. Once complete, PC forwards form to SAO and HCCSS. 3. Once reviewed, SAO forwards form to LU.4. LU will issue a Temporary Emergency licence.5. PC must complete Part 2 once resident is transferred or placed and notify the LU, SAO, HCCSS, and FMB. Abbreviations:\***Accommodation Type****S** – Semi**B** – Basic**P** – Private**\*\*Type of Transfer****SHRB** - Same Home: Regular Bed**BSH** - Back to Source Home**OH** - Other LTC Home\*\*\* **Funding to:** **R** – Recipient Home Licensee**S** – Source Home Licensee |
| \*Resident Information on next page\* |
| Resident Information |
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| **Part 1** | **Part 2** |

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| **Resident Placement Date** | **Resident Name** | **Pre-Emerg Accommodation Type\* / Day Rate** | **Placement Home Accommodation Type\* / Day Rate** | **Date of Resident Transfer or Placement** | **Type of Transfer\*\*** | **# of Days** | **Funding to\*\*\*:** |
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| \*If additional space is needed please insert rows or add an additional page\* |