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| [Ontario logo (reverse version)](https://intra.ontario.ca/tbs/ontario-logo) Evacuation Placement Form | | | | | | | | | | |
| |  |  | | --- | --- | | **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?** |  | |  | | | | | | | | | |  | | --- | | **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 | | | | | | | | | | |
| |  |  | | --- | --- | | **Part 1** | **Part 2** | | | | | | | | | | | |
| **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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