

Emergency Relocation of Clients

(Revised 10/7/2016)

Facility Information*(required)

Facility Name: _____
Licensee: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
MHL#: _____ License Capacity: _____ Current Census: _____

Contact Information*(required)

Facility Director Name: _____
Facility Director Contact Number: _____
Emergency Contact Name: _____
Emergency Contact Number: _____

Relocation Information*(required)

Are you relocating to another licensed facility? Yes No

(If yes, complete scenario A; if no, complete scenario B)

Do you plan to return to the facility? Yes No

(Be sure to include detailed information regarding your return plan in the "future plans" section)

Scenario A: Relocating to another licensed facility

Facility Name: _____
Licensee on current MH License: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
MHL#: _____ License Capacity: _____ Current Census: _____
Total number of clients in home after relocation: _____
Will you exceed the licensed capacity once you relocate clients? Yes No

Scenario B: Relocating to an Unlicensed Facility/ Setting

Type of Setting (i.e. hotel, shelter) _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Explanation for evacuating the facility*(required)

Provide an explanation and rationale for evacuating the facility and moving the clients to a new location. Attach additional page if needed.

Facility Emergency Plan*(required)

Provide an explanation how the facility implemented their emergency plan in accordance with 10A NCAC 27G .0207 – Emergency Plan and Supplies. Attach additional page if needed.

Future Plans*(required)

Provide an explanation of the facility's future plans. Describe when you anticipate moving the clients back to the facility or if the facility cannot be used (i.e. destroyed or otherwise unavailable for use) when and how the clients will be moved to an appropriately licensed facility. Attach additional page if needed.

Attach the following when sending this document*(required):

- A copy of the facility's emergency plan. The facility's emergency plan should include the identification of potential evacuation sites to which clients might be moved in the event of an emergency, with assurance that the evacuation site will be able to accommodate the health and safety needs of the clients.
- Names and phone numbers of all client case managers and/or legal guardians. Include the date the case managers/legal guardians were notified of the evacuation and relocation.