Emergency Relocation Site Summary – Provider Update as of:

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| ***\*****Prior to relocation it is advisable to contact emergency relocation sites to confirm they have the capacity to meet the health and safety needs of relocated service participants and their support staff and to ensure the relocation sites are safely beyond the area affected by the emergency.* |

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| Home Service Site | | | | | | |
| Home Service Site Name: |  | | | DDS Region: | | | |  |
| Home Service Site Address Details: (if applicable - *Apt. #, Suite #, etc.*) |  | | | | | | | |
| Home Service Site Address: (*street #, street name, designation—“Road”, “Street”, etc.*) |  | | | | | | | |
| Home Service Site Town: |  | | Home Service Site Zip Code: | | |  | | |
| Home Service Site Type: (identify “Public Provider Residential” or “Public Provider Day” or “Private Provider Residential” or “Private Provider Day”) |  | | Home Service Site RDID #: | |  | | | |
| Home Service Site Provider Name: |  | | | | | | | |
| Number of Persons Served: |  |

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| LEVEL       Emergency Relocation Site | | | | | |
| Relocation Site Name: |  | | | | DDS Region: (only if applicable) | |  | | |
| Relocation Site Address Details: (if applicable - *Apt. #, Suite #, etc.*) |  | | | | | | | | |
| Relocation Site Address: (*street #, street name, designation—“Road”, “Street”, etc.*) |  | | | | | | | | |
| Relocation Site Town: |  | Relocation Site State: |  | Relocation Site Zip Code: | | | | |  |
| Relocation Site Service Type: (identify “Public Provider Residential” or “Public Provider Day” or “Private Provider Residential” or “Private Provider Day” or “Hotel” or “Motel” or “Family/Relative Home” or “Staff Home” etc.) |  | | Relocation Site RDID : (only if applicable) | | | | |  | |
| Relocation Site Provider Name: (e.g.; DDS West Region, ABC Co., etc) |  | | | | | | | | |
| Relocation Site Primary Phone #: |  | | | | | | | | |
| Relocation Site Alternate Phone #: |  | | | | | | | | |
| Relocation Site Contact(s): |  | | | | | | | | |
| Directions to Relocation Site: |
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