

Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
**Emergency Relocation of Clients**

Facility Information

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

Contact Information

Facility Director Name: \_\_\_\_\_  
Facility Director Contact Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_

Relocation Information

Are you relocating to another licensed facility? Yes  No  (if no, skip to unlicensed setting)  
Will you exceed the licensed capacity once you relocate clients? Yes  No

**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: \_\_\_\_\_

**Relocating to an Unlicensed Facility/ Setting**

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

Explanation for evacuating the facility

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

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