# Emergency Relocation/Termination Justification Form

 **Facility Name:**
**Facility Address:**

**Contact Person:**

**Title:**

**Contact Number:**

**Email:**

 **Resident Name:**

**Date of Birth:**

**Room Number:**

**Primary Physician (if applicable):**

**Guardian/Family (if applicable):**

**Guardian Contact Information:**

**Reason for Emergency Action:**

**Detail the Behavior:**

**Documentation and Justification:**

**Regulatory Basis for Emergency Action:** Florida Statutes allow for the relocation or termination of residency without the standard 45-day notice under certain conditions, such as when a resident's behavior poses a direct threat to the safety and well-being of the community.

**Justification for Emergency Action without 45 Days’ Notice:** The severity and immediacy of the risk presented by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ actions necessitate immediate relocation to ensure the safety of all residents and staff.

**Facility Representative Signature:

Signature:

Date:**

