# 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:**   
  
  
