

Transportation

_____ (facility name) has secured a contract(s) with the following provider(s) in the event of an emergency or disaster situation requiring transportation:

Provider 1:	
Provider Name	
Type of Transportation	
Address	
Phone Number	
Contact Person/Phone	
Contact Person/Phone	
Response Time	
Number of Residents able to Transport in a Given Timeframe	
Provider 2:	
Provider Name	
Type of Transportation	
Address	
Phone Number	
Contact Person/Phone	
Contact Person/Phone	
Response Time	
Number of Residents able to Transport in a Given Timeframe	
Provider 3:	
Provider Name	
Type of Transportation	
Address	
Phone Number	
Contact Person/Phone	
Contact Person/Phone	
Response Time	
Number of Residents able to Transport in a Given Timeframe	

- Ensure transportation providers are trained on the needs of the chronic, cognitively impaired, and frail population, as well as knowledgeable of methods to minimize transfer trauma (CMS proposed guidelines)
- Methods of communication, including alternate methods, shall be addressed with the transportation providers.
- _____ (facility name) shall provide the transportation providers information regarding its relocation sites and notification process.