

**EVACUATION SITE
STATEMENT
OF UNDERSTANDING**

Between the following parties

Name of Facility

Name of Support Agency

Address

Address

Phone number

Phone Number

PURPOSE:

This agreement will provide _____ with pre-arranged support to alternative emergency resources, as needed during an actual disaster situation to minimize suffering, loss of life, injury or property damage.

MISSION:

The "Support Agency" agrees to House up to _____ residents during the time of actual disaster.

EXECUTION:

The "Support Agency" will make the terms and conditions of this statement of understanding known to those who might have to respond, possibly on a 24 hour basis and make such telephone numbers available to the "Facility" so that necessary goods and services are available.

Evacuating Facility will be responsible for bringing their own supply of food, water, medication, bedding, essential equipment and necessary supplies for their residents. They will also bring or supply sufficient staff to cover their residents 24 hours a day until the emergency is over and residents can return to their Home Facility.

Signing of this understanding indicates both parties in agreement.

Signature of Administrator (facility)

Signature of Support Agency

Date

Date