**EMERGENCY HOUSING AGREEMENT for NEW HAVEN ASSISTED LIVING and**

**MEMORY CARE-**

In case of an emergency or disaster, I agree to provide physical accommodations for residents of **New Haven Assisted Living and Memory Care of .** I will provide this facility for residents until the Administrator/ designee of New Haven Assisted Living and Memory Care, in conjunction with local authorities, deem New Haven Assisted Living and Memory Care, habitable or until other arrangements can be made. New Haven Assisted Living requests temporary shelter while residents are being triaged and relocated to a permanent safe environment.

This agreement will be enforceable from the date of this signed agreement until either party rescinds the same.

**Name of Provider**

**Print Name and Position of Provider Designee**

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Signature of Provider Designee Date

**Contact Number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of New Haven Administrator Date**

**Contact Number:**