



Disaster Plan – Resident Relocation Agreement

_____, a member of Aging Services of Washington, agrees to participate in this agreement until written notice to withdraw is provided to all participants in this agreement.

Community: _____

Street Address: _____

City/State/Zip: _____

Phone: (_____) _____

Administrator: _____

Administrator Email: _____

Person to contact if Agreement is to be implemented: _____

Limitations on who you can admit or serve: _____

of relocated persons the community can accommodate, in addition to your own residents: _____

Resident Transportation Resources: _____

Supply Transportation Resources: _____

The above information is current as of this date: _____

Name / Title: _____

Signature: _____

Please return form to (253) 964-8876 | Email arunnels@agingwa.org | Questions? Please call Annie at (253) 964-8870

An Association of Not-For-Profit and Mission Focused Senior Living & Care Providers