

**Residential Health Care Facility  
Plan Review Program  
Mutual Aid Agreement**

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This agreement to provide Mutual Aid by and between \_\_\_\_\_,  
 ("**Transfer Facility**") and \_\_\_\_\_, ("**Receiving Facility**") with respect  
to the following:

**Purpose:**

The receiving facility hereby agrees to provide support to the transferring facility by providing emergency sheltering to \_\_\_ residents of the aforementioned facility should that facility be faced with an emergency that requires an evacuation of its residents.

**Transferring Facility:**

The transferring facility agrees to bring with them accompanying staff for their residents to ensure adequate staffing throughout the emergency and to ensure continuity of care. In addition, they will bring with them the necessary supplies for their residents. This can include food, water, linens, patient belongings and medications and any other supplies necessary for the care of their residents.

**Receiving Facility:**

The receiving or hosting facility will make adequate arrangements for the receipt of the transfer residents to include providing supplementary staff to assist with incoming residents, allocation of an area within the facility to shelter the transfer residents, and any other arrangements made between the above mentioned facilities to ensure the safety and well being of all the residents.

***For Transfer Facility:***

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

***For Receiving Facility:***

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone