

COVID - 19 Weekly Transfer List

Originating Facility:									Month & Year:	
Submitted By:										
Resident Last Name	Resident First Name	Date of Transfer	Temp	Perm	Name of Facility Transferred to	City Transferred to	Resident & Rep Informed date	Resident &/or Rep Informed phone number	Funds Transferred date	Personal belongings transferred

Submit to your local Ombudsman

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