COVID-19 Monthly Transfer, Case and Death Report to Ombudsman

Originating Facility:		**Date Submitted:**
Submitted By:		

	# of COVID-19 Cases:		**# of COVID related Deaths:**

Resident Last Name	Resident First Name	Date of Transfer	Temporary	Permanent	Name of Facilty 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

Revised 03/15/2021