
FAHSA MEMBER FAX RESPONSE

RE: Hurricane Evacuation Space Availability

TO: Gail Matillo
FAX: 850/671-3790

Facility Name: _____

Contact Person: _____

Phone: _____

Cell Phone: _____

Location: _____

Available Space Type: _____

Approximate Number:
(residents that can be accommodated): _____

Resident Type:
(suitable for relocation to the area, assuming the transferring facility would provide staff, supplies and equipment)

- Independent
- Assisted Living
- Skilled Nursing

Other Relevant Details: _____

