



Reporting Additional Sites to HCPP

In order to ensure that all sites are properly documented and covered under the Health Care Protection Program, we would ask that you complete the following:

1.	Operating Name of Site	Health Authority		
	Acquisition Date	<input type="checkbox"/> New Site <input type="checkbox"/> Name Change		
2.	Address		City	Postal Code
	Contact Name	Phone	Fax	Email
3.	Type of Facility – Choose One: <input type="checkbox"/> Mental Health Community <input type="checkbox"/> Mental Health Institutions <input type="checkbox"/> Community Care (Supportive housing, Home based care, Hospice, Palliative, Development/Rehab, Supportive Services) <input type="checkbox"/> Preventative and Public Health <input type="checkbox"/> D & T Centre <input type="checkbox"/> Extended Care (Residential care, Continuing care, Assisted living) <input type="checkbox"/> Hospitals 1 – 100 beds <input type="checkbox"/> Hospitals 101 – 300 beds <input type="checkbox"/> Hospitals 301 + beds <input type="checkbox"/> Administration			
4.	Replacement Value of Property on Site (Please include the value of any owned buildings, equipment, stock, tenant's improvements, etc): \$ _____			
5.	Is the Facility owned or leased by the Health Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If the Health Authority has entered into a lease agreement, we recommend that the insurance and indemnification language in the lease agreement be reviewed to ensure that there is appropriate distribution of liability risks and that the coverage required by the lease agreement is appropriate and provided under your coverage agreement prior to the signing of the lease.			
6.	If this is a program moving from one space to another, what is the location that is now being replaced? <hr/> Does the former property still require coverage under HCPP? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, should any changes be made to the replacement value of property at the former site? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Click submit to email the form to HCPP