

Death of a Shelter Resident

Shelter Information	
Shelter Name	Street Number
Street Name	Suite/Unit Number
City/Town	Province
Postal Code	Location Telephone Number (123) 456-7890
Report Completed By Name (First, Last OR Single)	Report Submission Date (yyyy-mm-dd)
Part 1 – Resident Information	
Resident Name , (Please state clients First and Last OR Single Name of EACH client)	First, Last OR Single Name
SMIS ID	Date of Birth (yyyy-mm-dd)
Gender <div> Male Transgender </div> <div> Female Other </div>	Next of Kin or Emergency Contact information available on file? <div> Yes No </div>
Other Names Used While In Shelter (Including aliases and names not verified by Identification)	Other Dates of Birth (yyyy-mm-dd) (Not verified by identification)
1. Name (First, Last OR Single)	Date of Birth (yyyy-mm-dd)
2. Name (First, Last OR Single)	Date of Birth (yyyy-mm-dd)

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Part 2- Most Recent Admission/Discharge Status

At time of death, Resident was	Current Admission	Discharged
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Complete the following section only if "Current Admission" status was selected

Confirm "Current Admission" is selected in Part 2.	YES	NO
Admission Date (yyyy-mm-dd)		
Length of stay in Shelter (Number of days)		

Complete the following section only if "Discharged to Medical Facility or Institution" status was selected

Confirm "Discharged to Medical Facility or Institution Admission" is selected in Part 2.	YES	NO
Admission Date (yyyy-mm-dd)	Discharge Date to Medical Facility or Institution (yyyy-mm-dd)	
Length of Stay in Shelter (Number of days)	Discharge to:	
Specify "Other" Institution	Additional Details	

Part 3 – Death Event Details

Date of Death (yyyy-mm-dd)	Time of Death	A.M	P.M	Unknown
Where did the death occur? On Shelter Property Off Shelter Property	If death occurred off shelter property, state name of institution (e.g. St Michael's Hospital) or describe location (e.g. under bridge, alley) where death occurred.			

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Part 4 – Death Verification and Related Information

Unverified (select if no medical certificate of Death is available)	If shelter staff is aware of how the shelter resident died, but did not obtain this information from a Medical Certificate of Death, note details/ information here
Verified (only select if manner & cause of death information was obtained from Medical Certificate of Death).	Type of Death

Part 5 – Death Reporting Checklist for Shelter Provider

Hostel Services contacted with verbal notification	Copy of Death of a Shelter Resident Report forwarded to Hostel services
Copy of Incident Report and/or Service Restriction Records, Discharge Records (if applicable) forwarded to Hostel Services prior to or with this report.	Print and Electronic copies of this report and related documents are stored securely in compliance with agency policies and the Toronto Shelter Standards to protect client privacy.

Informed Police/Coroner's Office of Next of Kin/Emergency Contact information

Yes

No

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Part 6 - Information Certification and Approval

Senior Staff Name (First, Last OR Single) – Reviewed and Approved (Executive Director or Designate)	Name (First, Last OR Single)
Position Title	Work Telephone Number (123) 456-7890
I certify that the information on this form is reported accurately with available information and in full compliance with the reporting requirements outlined in Hostel services Guideline 2014-46 and the "Reporting the Death of a Shelter Resident Guidebook".	Senior Staff Signature Information Certification Date (yyyy-mm-dd)

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Death of a Shelter Resident Report Quick Reference Guide

Please review the special definition of a "shelter resident" in the Reporting the Death of a Shelter Resident Guidebook prior to completing a report.

A Report must be duly completed, signed and submitted to Hostel Services every time there is a death of a shelter resident.

Steps to Follow to Report the Death of a Shelter Resident:

Step 1 – Immediate Notification to Hostel Services

Shelter staff must notify their Agency Review Officer (ARO) **immediately** (Example: same-day notification) of any deaths of shelter residents. Shelter staff may phone their ARO directly or contact the Hostel Services Main Line at (416) 392-8741 and request to speak with their ARO.

Phone Calls will be answered during business hours Monday to Friday, 8:30 a.m. to 4:30 p.m. and voice messages can be left outside of these hours. Email messages can be sent at any time to your ARO's City of Toronto email address.

Step 2 – Written Notification of Incident to Hostel Services within 24 hours.

If the death occurred on shelter property and was witnessed by staff, a copy of the Incident Report must be completed and submitted to Hostel Services within 24 hours of death, as per Section 12.5.2 – Incident Reporting of the Toronto Shelter Standards, by email to your ARO's City of Toronto email address or faxed as follows:

Fax Number: (416) 392-8758

Attention: [Your ARO's Name]

Mark the fax cover sheet or email subject line: "CONFIDENTIAL AND URGENT"

Step 3 – Submission of Death of a Shelter Resident Report within 30 days.

A copy of the death of a Shelter Resident Report must **be properly completed, signed and submitted to Hostel Services within 30 days**, by email to your ARO's City of Toronto email address or fax to (416) 392-8758, Attention: [Your ARO's Name], and mark cover sheet or email subject line: **"CONFIDENTIAL AND URGENT"**.