

Report 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)	
Male Transgender Gender Female Other	Next of Kin or Emergency Contact Yes information available on file?	
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	
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)		
was selected	arged to Medical Facility or Institution" status	
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	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	
Off Shelter Property		

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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		
Agency Review Officer contacted with verbal notification	Copy of Death of a Shelter Resident Report forwarded to Agency Review Officer	
Copy of Incident Report and/or Service Restriction Records, Discharge Records (if applicable) forwarded to Agency Review Officer 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	Senior Staff Signature	
compliance with the reporting requirements outlined in Toronto Shelter Standards section Incident Reporting 12.5.2 (f) and the "Reporting the Death of a Shelter Resident Guidebook".	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 Homelessness Initiatives & Prevention 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 Homelessness Initiatives & Prevention ServicesShelter staff must notify their Agency Review Officer (ARO) **immediately** (Example: sameday notification) of any deaths of shelter residents. Shelter staff may phone their ARO directly or contact the Homelessness Initiatives & Prevention 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 Homelessness Initiatives & Prevention 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 Homelessness Initiatives & Prevention 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 Homelessness Initiatives & Prevention 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".

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