**Memorandum of Understanding for**

**Transportation Services**

This Memorandum of Understanding (MOU) is entered on <insert date> between <insert name of the LTC> (the “**Requester**”) and <insert name of transportation company or service> (the “**Provider**”).

INITIATION:

In the event that the **Requester** must evacuate its residents, the Requester will notify the **Provider** that service is needed by calling:

Days: (   )

After Hours: (   )

The **Requester** will provide the destination of the transport at the time the Provider is contacted.

The **Provider** will, if available, provide:

Seating for <insert number> ambulatory residents and accompanying staff

Space for <insert number> wheelchair-dependent residents

Transportation for residents with oxygen:

Other

The **Requester** will reimburse the **Provider** within <insert number> days for service provided at a pre-determined rate for use of <insert type of vehicle(s), mileage rate, driver labor, vehicle fuel> at a current retail price at the time of service.

The **Requester** will send its qualified staff with the residents during transport.

This understanding will be considered in effect until such time as either party provides notification in writing and not less than 30 days prior to the need to cancel the understanding.

The **Receiver** and **Provider** agree to review and update, if needed, this understanding annually.

|  |  |  |
| --- | --- | --- |
| **Requester** |  | **Provider** |
|       |  |       |
| Facility Name |  | Organization Name |
|       |  |       |
| Name of Facility Representative |  | Name of Organization Representative |
|       |  |       |
| Title of Facility Representative |  | Title of Organization Representative |
|  |  |  |
| **SIGNATURE** |  | **SIGNATURE** |
|  |  |  |
| Date Signed |  | Date Signed |