

08/01/2023

Principal
Todd County Middle School
515 W. Main Street
Elkton, KY 42220

To Whom it May Concern:

Hearthstone Place is in the process of updating our Emergency Preparedness Program. As part of that program, we are reaching out to facilities in our local and surrounding communities that could possibly assist us with temporary shelter for our residents in the event of an emergency. Our goal is to establish Memorandums of Understanding in the event of an emergency requiring evacuation of our facility.

I have enclosed two copies of a proposed Memorandum of Understanding for your review and consideration. This agreement would be in effect **ONLY** in the event of an emergency requiring evacuation. Once reviewed and signed, please return one agreement to me in the envelope provided.

I look forward to establishing this agreement and am available to answer any questions you may have regarding this MOA. I may be reached by email (egettings@hspnursing.com), at the facility (270-265-5321) or on my cell phone (270-847-9737).

Thank you in advance for your consideration.

A handwritten signature in black ink that reads "Elizabeth Gettings, MA". The signature is written in a cursive style.

Elizabeth Gettings
Administrator
Hearthstone Place

eg
enclosure

Memorandum of Understanding for Temporary Shelter

This Memorandum of Understanding (MOU) is entered into on 8/1/2023 between HEARTHSTONE PLACE (the "Requester") and Todd County Middle School (the "Provider").

INITIATION:

The **Provider** agrees to be available to the Requester and to implement this understanding at any time, 24 hours/day, 7 days/week. In the event the **Requester** must evacuate its residents, the **Requester** will notify the **Provider** that service is needed by calling: 270-265-2511

The **Requester** will provide the number of sheltered residents and staff needing temporary shelter at the time the **Provider** is contacted. The **Provider** will, if available, provide:

TEMPORARY shelter for evacuated persons.	Heating and cooling appropriate to the season.
Electrical power for individual resident needs.	Restroom facilities for male and female residents.
Kitchen and refrigeration capabilities.	Room for wheelchair dependent residents.
Acceptance of residents who require oxygen.	
Accommodation of durable medical equipment for residents.	

The **Requester** will provide:

Qualified staff to monitor and tend to the sheltered residents.	Cots or similar devices
Resident medications, oxygen, and supporting materials.	Food and bedding.

The sheltered residents will remain with the **Provider** for no more than thirty (30) days unless an agreement to extend this time is agreed upon by both parties.

The **Provider** will maintain liability insurance on the property and the **Requester** will hold harmless the **Provider** for all claims of negligence or omission regarding the care and management of sheltered residents.

The **Requester** will reimburse the **Provider** within sixty (60) days for service provided at a reasonable rate and use of the facility at a reasonable rate pre-determined or agreed upon by both parties.

This understanding will be considered in effect until such time as either party provides notification in writing and not less than thirty (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

Hearthstone Place

(Facility Name)

Elizabeth Gettings

(Name of Facility Representative)

Administrator

(Title of Facility Representative)

Elizabeth Gettings
(SIGNATURE)

8/1/23
(Date Signed)

Provider

(Organization Name)

(Name of Organization Representative)

(Title of Organization Representative)

(SIGNATURE)

(Date Signed)