|  |  |
| --- | --- |
|  | The Community Partnership for the Prevention of Homelessness Fatality Report Form  |

The Community Partnership for the Prevention of Homelessness (TCP) requires any contractor to report a fatality within the program. Please complete this form in its entirety and submit PDF Copy of the report to the link noted below. If you have any questions, please contact Candyce J. Coates, Senior Program Officer at CCoates@community-partnership.org.

[[**https://app.smartsheet.com/b/form/1777fd74f18a4665b8bd90e9556932b6**](https://app.smartsheet.com/b/form/1777fd74f18a4665b8bd90e9556932b6)](https://app.smartsheet.com/b/form/1777fd74f18a4665b8bd90e9556932b6)

### Provider Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Date of Report: |  |
| Title: |  |  | Phone Number:  |  |
| Email: |  |  | Program Name: |  |

### Client Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Deceased: |  |  | Age of Deceased: |  |
| Date & Time of Death: |  |  | Cause of Death:  |  |
| Location of Death: |  |  | Source of Report |  |
| **Hypothermia Related:**  | [ ]  Yes [ ]  No  | [ ]  **Medical Examiner Notified** **If checked, when?**  |  |

 |
|  |

### Incident Description

**Use the space below to provide a descriptive narrative regarding the incident. If additional space is needed, please use an additional sheet of paper and attach to this report.**

|  |
| --- |
|  |

### Acknowledgment

**By signing this form, you affirm that the information on this report is true the best of your knowledge.**

|  |  |
| --- | --- |
|  |  |
| **Preparer Signature** | **Date** |
|  |  |
| **Program Manager Signature** | **Date** |