

**Specialized Personal Care Home Environments Wait List Report**

**Instructions:**

Report the total number of persons awaiting a specialized Personal Care Home (PCH) environment each quarter, by the fifth of the following month (e.g. July 5, October 5, etc.).

Provide the report to the Seniors/Palliative Care Administrative Assistant.

|  |  |
| --- | --- |
| **Reporting Site:** | Choose an item. |
| **Unit Type:** | Choose an item. |
| **Reporting Period:** | Choose an item. |
| **Number of persons awaiting the environment in:** |
| 1. PCH
 |       |
| 1. Chronic Care
 |       |
| 1. Supportive Housing
 |       |
| 1. Community
 |       |
| 1. Hospital/Transitional Site
 |       |
| 1. Justice
 |       |
| **TOTAL** |       |