

**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.

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| --- | --- |
| **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** |  |