

Appendix J: SHSS Service Provider Transition-In Completion Certificate

TRANSITION-IN COMPLETION CERTIFICATE

[SHSS Service Provider Letterhead]

TRANSITION-IN COMPLETION CERTIFICATE

AGREEMENT NUMBER: [Insert]

AGREEMENT DATE: [Insert]

SHSS SERVICE TYPE: [Insert]

SERVICE PROVIDER [SHSS Service Provider Legal Name]
[SHSS Service Provider Registered Address]

CARE SETTING [Care Setting Name (if applicable)]
[Care Setting Address]

[OTHER RELEVANT DETAILS]

I, [insert legal name of director, officer or authorized signatory], of [insert legal name of SHSS Service Provider], hereby certify that the SHSS Service Provider:

- has completed the Transition-In Services, including all of the tasks and activities described in the Agreement referenced above and the attached Environment of Care Checklist; and
- is ready to commence the provision of the [SHSS] Services, including accepting placement of children/youth at the Care Setting, in full compliance with the Agreement.

Issued by the SHSS Service Provider:

Name – Title Signature Date

Delivered to [Insert name and title of Ministry contact]:

Approved by the Ministry:

Name – Title

Signature

Date