

## Personal Protective Equipment (PPE) Reserve Request

Once completed, email to your county emergency manager. Use [this list](#) to identify your county emergency manager if needed.

### Agency Information

Requesting Provider	License Number (if applicable)
Address of Provider	County

### Type of Provider

- Any entity licensed by DQA as a residential facility.
- All licensed or certified Adult Family Homes.
- Home Health, Personal Care, and Supportive Home Care providers caring for a COVID-19 positive patient in the patient's home.
- Participant hired providers caring for a COVID-19 positive patient in the patient's home (Applies to all Medicaid Long Term Care programs).
- Adult Protective Services providers responding to a home with a COVID-19 positive person in their home.

### Residential Provider

Number of Current Residents	Number of Shifts Per Day	Number of Staff Per Shift
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### Non Residential Provider

Number of COVID-19 Positive Individuals Being Cared For

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Number of Visits Per Day to COVID-19 Positive Individual

### Contact Information

24/7 Contact Name	24/7 Contact Phone Number
Contact Email Address	

### Resource Needs

Resource allocation will be calculated based on current residents in care and available inventory.

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|--|---|
| <input type="checkbox"/> Face Shields    | <input type="checkbox"/> Coveralls      |
| <input type="checkbox"/> Gowns           | <input type="checkbox"/> Gloves         |
| <input type="checkbox"/> N95 Respirators | <input type="checkbox"/> Surgical Masks |