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| **DEPARTMENT OF HEALTH SERVICES**Division of Public Health F-02645 (04/2020) | **STATE OF WISCONSIN** |

**Personal Protective Equipment (PPE) Reserve Request**

Once completed, email to your county emergency manager. Use [this list](https://dma.wi.gov/DMA/divisions/wem/about/docs/WEM_2020ResourceGuide_v01302020.pdf) to identify your county emergency manager if needed.

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| **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  |
|       |       |       |
| **Non Residential Provider** |
| Number of COVID-19 Positive Individuals Being Cared For |
|       |
| 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. |
| [ ]  Face Shields[ ]  Gowns[ ]  N95 Respirators | [ ]  Coveralls[ ]  Gloves[ ]  Surgical Masks |