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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 | |