



# County of Santa Cruz



## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 Emeline Ave., SANTA CRUZ, CA

95060 TELEPHONE: (831) 346-7556 TTY: Call 711

### Resource Request Form

### Medical Health Operational Area Coordinator (MHOAC)

***Application must accompany Resource Request Form (attached)***

**Please read prior to filling out form:**

- Resource need is immediate and significant or is anticipated to be so.
- Supply of the requested resource has been exhausted, or exhaustion is imminent.
- Resource is not available from the internal corporate supply chain, other commercial vendors, or through existing agreements.
- Request to County should be a last resort.
- Please fill out Resource Request Form entirely.

Facility Name: \_\_\_\_\_ Director/Contact: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Facility: ☐ Yes ☐ No

If **YES**, select all that apply:

- ☐ Inpatient (Hospitals) ☐ Urgent Care (FQHC, Urgent Dental) ☐ Congregate Medical (SNF's, Jail Clinics, Isolation Shelter Staff) ☐ EMS/Fire (AMR, EMSIA, CCA) ☐ Primary Care Clinics (stand-alone medical offices)
- ☐ Decedent Care (Funeral Homes, Coroner) ☐ Shelter ☐ DOC Deployment ☐ Med- Health Deployment

For Medical Facilities only: Licensed Number of Beds: \_\_\_\_\_ Current Census: \_\_\_\_\_

Available Surplus Personal Protective Equipment (PPE) (eaches)	Total PPE Quantity Requested
N95 Masks	
Gloves	
Shoe Covers	
Germicidal Wipes	
Tyvek Suits	
KN95 Masks	
Other (For Purchase):	

\* Inpatient facilities please use the CDC's: [Burn Rate Calculator](#)

**ATTN REQUESTING PARTIES:** A request to the Public Health MHOAC Program should be submitted once all procurement options have been exhausted; this includes working with other facilities in your network or in-county to procure items needed. The MHOAC Program is a program of last resort.

**COUNTY DEPARTMENTS:** In the instance that DOC funding is not available, please be aware that your home GL key will be charged to purchase supplies.

For requests made to the MHOAC Program, the following information is required:

**Vendor information** – List a minimum of three (3) commercial vendors and the PPE/ testing supplies that you are awaiting orders from for request to be considered. Form will be returned if this information is not completed at time of submission, which will delay the procurement process.

Name of Vendor	Items Ordered	Expected Shipment Date	Receipt or Tracking Number <i>*Required*</i>

The above is true and correct and your organization is taking steps to optimize the extended availability of PPE.

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## County of Santa Cruz- MHOAC RESOURCE REQUEST FORM



TR# /RR# (To be assigned by the original requesting entity):

Incident Name:		Date:	Time:
Facility Name:		Requestor Name & Position/Function:	
E-mail:	Phone#:	Alternate Phone:	Fax:

Mission: What are you trying to accomplish with these items? Please specify if there is an outbreak.

GL Key (County Staff ONLY):

JL Key (County Staff ONLY):

#### 4. ORDER — Equipment and Supply Request Details

#### Logistics Section: Fulfillment

NOTE: To be completed by the Level/Entity that fills the request.

Line item	Priority <sup>1</sup>	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, exact links, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, conc., etc.) (Equipment/ Supplies: type, name, capabilities, output, capacity)	Total Requested (Each) * Refer to Page 1 of PPE Request Application, Total PPE Requested field	Expected Duration of Use:	Quantity			
					Authorized Amount	Filled Amount	Pallet ID	Transaction ID

Point of Contact to deliver line item # to (Name, Position, Location, Telephone #, Email, Radio, etc.)

Receiving Name and Signature

DO NOT SIGN HERE UNTIL EQUIPMENT/SUPPLIES ARE PICKED UP FROM THE DISTRIBUTION CENTER

Print Name

Signature

Signature Date

<sup>1</sup> PRIORITY: (E)mergent <12 hour, (U)rgent >12 hour, or (S)ustainability

**Instructions:** E-mail resource requests to [HSAMHOAC@santacruzcountyca.gov](mailto:HSAMHOAC@santacruzcountyca.gov)

**For Emergency Requests please contact the Medical Health Operational Area Coordinator (MHOAC) at 831-346-7556**

**ATTN County Departments: Any supplies to be acquired commercially will be charged to GL and JL codes provided on form and confirms authorization of purchase.**

**Complete and Email (Only works with Adobe Acrobat).**

Organization ID: