

## **SUPPLY REQUEST FORM to YOUR REGIONAL HEALTHCARE COALITION**

DATE SUBMITTED: \_\_\_\_\_

| COMMUNITY INFORMATION                                   |  |                     |                 |
|---|--|---------------------|-----------------|
| <b>Community Name:</b>                                  |  |                     |                 |
| <b>Community Address:</b>                               |  |                     |                 |
| <b>Does your Community have? (check all that apply)</b> |  | <b>Loading Dock</b> |                 |
|   |  |                     | <b>Forklift</b> |

| CONTACT INFORMATION     |  |
|-------------------------|--|
| <b>Contact Name:</b>    |  |
| <b>Contact Phone #:</b> |  |
| <b>Contact Email:</b>   |  |

| MITIGATION STEPS   |            |           |            |
|--|------------|-----------|------------|
| <i>(Please make sure to have met these mitigation steps (if applicable) before requesting supplies from the Coalition)</i> |            |           |            |
| <b>Community Plans</b>   |            |           |            |
| Have you followed guidance in your facility plans for critical supply shortage?  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| Will these supplies be used for critical services only?  | <b>YES</b> | <b>NO</b> |            |
| <b><u>Other Locations</u></b>  |            |           |            |
| Do you have any other communities?   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| If so, where? (Please list name and address.)  |            |           |            |
| <b><u>Vendors</u></b>  |            |           |            |
| Have you contacted your primary vendor?  | <b>YES</b> | <b>NO</b> |            |
| Have you contacted secondary/back up vendors?  | <b>YES</b> | <b>NO</b> |            |

|   |  |
|---|--|
| Population Served:                                |  |
| <b>Other mitigating steps you may have taken:</b> |  |
|   |  |

