FORM 2. RESOURCE REQUEST FORM USED BY MHOAC PROGRAMS

Instructions: MHOAC Program should submit completed form to RDMHC Program.

Name of Requesting Operational Area	Date	Time (24 hr. format)
Name of person making request (First/Last)	Title of person making request	
Telephone contact numbers (office, cell, fax, other)	Email address	
24-hour POC (Name)	24-hour POC contact numbers	
Location Type ☐ Evacuating Hospital ☐ Field Treatment Site ☐ Evacuating SNF ☐ Casualty Collection Point	**Location Address**	

Section 1. Patient Transport		
GROUND AMBULANCE Patient Types	**# of Patients/Passengers**	
# of stretcher patients needing ALS		
# of stretcher patients needing BLS		
# of bariatric patients (pt. weighs > 400lbs., extra wide stretcher). All bariatric units are ALS.		
PARATRANSIT Passenger Types		
# of passengers that are **ambulatory, do not require assistance** and can ride in a van or bus		
# of passengers that are "**ambulatory-with-assistance**" that can ride in a van or bus with assistance but do not require a wheelchair or stretcher		
# of **non-ambulatory passengers that may need a wheelchair** but do not require stretcher		
# of **caregivers** that will be provided **to accompany paratransit passengers**		
AIR AMBULANCE Patient Types (adult/child and neonatal)	**ADULT and CHILD**	**NEONATE**
# of patients requiring transportation by helicopter air ambulance		
# of patients requiring transportation by fixed-wing air ambulance		
Additional EMS Personnel Not Assigned to Requested AMR Ambulance Crews		
EMT-Basic / EMT (additional EMTs who are not assigned to ambulances		
EMT-Paramedic / Paramedic (additional Paramedics who are not assigned to ambulances)		
EMS Communications Support Team Member		
EMS Field Operations Team Member / EMS Incident Management Team Member (IMT)		

Section 2. EMS Delivery Location

Delivery Point-of-Contact (Name):	**24 Hour Phone #:**	**Secondary Contact #**:

DELIVERY LOCATION					AMBULANCES					PERSONNEL			
County	Site Name	Address	City	Zip	ALS Ground	BLS Ground	Bari Ground	Fixed Wing	Rotary Wing	EMT Basic	EMT-P	EMS Comms	EMS Field Ops

Section 3. Bed Types Needed

Patient Type	Bed Type	#
Adult:	Med/Surgical	☐
	OB/LND	☐
	Psychiatric	☐
	Critical: Burn	☐
	Critical: ICU	☐
	Critical: CCU	☐
	Critical: Trauma	☐
Pediatric:	Ped Med/Surgical	☐
	PICU	☐
	NICU	☐