

Custom Form Designer Application: HCEMRREP Home Care Emergency Repatriation

• Is your agency currently serving patients? [Yes] [No]

<b>If your agency is currently not serving patients, you are not required to complete the remainder of this form.</b>

Please use the Priority Levels listed below when answering the repatriation questions.<p><center>Patient Classification Level Definitions</center></p> <ul> <small><li>Level 1 - High priority. Patients require uninterrupted services and must have care. Patients with unstable conditions (Require life sustaining equipment.) </li> <li>Level 2 - Moderate priority. Services may be postponed with phone contact. Somewhat unstable. </li> <li>Level 3 - Stable. Patients have access to informal measures for assistance. May safely miss a scheduled visit with basic care from family.</li></small>

Patients already repatriated:

- Level 1 # High Priority [input type="text"]
• Level 2 # Moderate Priority [input type="text"]
• Level 3 # Low Priority [input type="text"]

Patients able and waiting to be repatriated:

- Level 1 # High Priority [input type="text"]
• Level 2 # Moderate Priority [input type="text"]
• Level 3 # Low Priority [input type="text"]

Patients not able to be repatriated due to health issues:

- Level 1 # High Priority [input type="text"]
• Level 2 # Moderate Priority [input type="text"]
• Level 3 # Low Priority [input type="text"]

Patients not able to be repatriated due to housing issues:

- Level 1 # High Priority [input type="text"]
• Level 2 # Moderate Priority [input type="text"]
• Level 3 # Low Priority [input type="text"]

Patients not able to be repatriated due to other issues:

- Are there other issues preventing repatriation of your patients? [Yes] [No]
• Level 1 # High Priority [input type="text"]
• Level 2 # Moderate Priority [input type="text"]
• Level 3 # Low Priority [input type="text"]
• Please explain the other issues preventing repatriation of your patients [input type="text"]
• Comments [input type="text"]

<center>Once all data has been entered, click 'SAVE ALL' then 'REVIEW & SUBMIT'. <p><b><center><ul>\*\*\*\*Please be sure to <em>SUBMIT</em> this form by clicking 'SUBMIT DATA TO DOH' from the Review Screen.\*\*\*\*</ul></center><b><p>

\* Required Fields. \*\* Repeatable Sections.