Custom Form Designer Application: HCEMRAGENCY Home Care Emergency Agency Form

• Contact Person During This Event	
• Telephone	
• Cell	
• Contact Email Address	
• Fax	

Combined Data

<p>Certified Home Health Agencies (CHHAs) that also operate a Long Term Home Health Care Program (LTHHCP) may combine the data for both agencies and report on one form.</p>

• Do the forms for this Emergency Activity contain the combined information for the CHHA and the LTHHCP?	[Yes] [**No**]
• If yes, please identify the names of the CHHA and LTHHCP that are represented on this form. If no, individual survey forms are required for the CHHA and the LTHHCP.	
• Does your Agency have an agreement to provide assistance to the local Office of Emergency Management (OEM) during this event?	[Yes] [**No**]
• If so, what is the nature of that agreement?	
• Is your Agency providing assistance to local OEM to fulfill any agreement specified above?	[Yes] [**No**]
• Is your staff recognized by local OEM as essential health care providers?	[Yes] [**No**]
• Has your agency implemented its emergency response plan?	[Yes] [**No**]
• Has your staff been directed to fuel vehicles used to provide care to patients?	[Yes] [**No**]
• Comments	

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

*Required Fields. **Repeatable Sections.