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

If your agency is currently not serving patients, you are only required to answer the question below regarding the number of patients you could serve, if needed.

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*

• What is your current unduplicated patient count?	[_____]
• Are you able to serve your current case load?	[Yes] [**No**]
• What issues are affecting your ability to serve patients?	[No issues at this time] [Availability of staff] [Availability of fuel] [Transportation issues related to restricted travel designations] [Unable to access the area] [Other issues]
• If "Other" is chosen, please describe.	[_____]
• Is your Agency operating out of its primary location?	[Yes] [**No**]
• If not, what is your current operating location	[_____]

*
*

<div>If additional staff are needed, enter the number of additional staff required by staff type.</div>

• RN	[_____]
• LPN	[_____]
• Home Health Aide	[_____]
• Personal Care Aide	[_____]
• Occupational Therapy	[_____]
• Medical Social Work	[_____]
• Physical Therapy	[_____]
• Speech/Language	[_____]
• Other	[_____]
• Enter Other Staff Type	[_____]

*
*

<div>How many more patients can your agency serve? <div>Patient Classification Level Definitions:</div> <div>Level 1 - High priority. Patients require uninterrupted services and must have care. Patients with unstable conditions (Require life sustaining equipment.)</div> <div>Level 2 - Moderate priority. Services may be postponed with phone contact. Somewhat unstable.</div> <div>Level 3 - Stable. Patients have access to informal measures for assistance. May safely miss a scheduled visit with basic care from family.</div> </div>

• Additional Patients - Level 1 – High Priority	[_____]
• Additional Patients - Level 2 – Moderate Priority	[_____]
• Additional Patients - Level 3 – Low Priority	[_____]
• Additional Patients - Total (calculated by system)	[_____]

*
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<div>This census data pertains to all patients served by your agency, not just those patients in the areas that may potentally be impacted by the emergency. To begin entering your Census by Area click 'Save and Add' to display the first set of fields. When you complete information on your first Area click 'Save and Add' again to display a fresh set of data entry fields. Continue this process until all Areas have been entered, then click 'Save All'.</div>

Census By Area**

• Pick the correct County or Area	[Albany] [Allegany] [Bronx] [Broome] [Cattaraugus] [Cayuga] [Chautauqua] [Chemung] [Chenango] [Clinton] [Columbia] [Cortland] [Delaware] [Dutchess] [Erie] [Essex] [Franklin] [Fulton] [Genesee] [Greene] [Hamilton] [Herkimer] [Jefferson] [Kings] [Lewis] [Livingston] [Madison] [Monroe] [Montgomery] [Nassau] [Nassau Co. Zone 1] [Nassau Co. Zone 2] [Nassau Co. Zone 3] [Nassau Co. Zone 4] [New York] [New York City Zone 1] [New York City Zone 2] [New York City Zone 3] [New York City Zone 4] [New York City Zone 5] [New York City Zone 6] [Niagara] [Oneida] [Onondaga] [Ontario] [Orange] [Orleans] [Oswego] [Otsego] [Putnam] [Queens] [Rensselaer] [Richmond] [Rockland] [Saratoga] [Schenectady] [Schoharie] [Schuyler] [Seneca] [St. Lawrence] [Steuben] [Suffolk] [Suffolk Co. Zone 1] [Suffolk Co. Zone 2] [Suffolk Co. Zone 3] [Suffolk Co. Zone 4] [Sullivan] [Tioga] [Tompkins] [Ulster] [Warren] [Washington] [Wayne] [Westchester] [Westchester Co. Zone 1] [Westchester Co. Zone 2] [Westchester Co. Zone 3] [Westchester Co. Zone 4] [Wyoming] [Yates] [Other]
• If your area selection was 'Other' please specify the area here	
• Is this area under a general evacuation order?	[Yes] [**No**]
• How many patients in this area are dependent on electricity for their health care needs?	

Enter your census in this area by patient classification level. <p>Patient Classification Level Definitions:</p> <p>Level 1 - High priority. Patients require uninterrupted services and must have care. Patients with unstable conditions (Require life sustaining equipment.)</p> <p>Level 2 - Moderate priority. Services may be postponed with phone contact. Somewhat unstable.</p> <p>Level 3 - Stable. Patients have access to informal measures for assistance. May safely miss a scheduled visit with basic care from family.</p>

• Level 1 - High Priority	
• Level 2 - Moderate Priority	
• Level 3 - Low Priority	
• Total (calculated by system)	

<div> <div> </div> <div>Enter your census in this evacuation area by Transportation Assistance Level (TAL). Reporting TAL information is OPTIONAL.</div> <div>Transportation Assistance Level (TAL) Definitions:</div> <div>TAL 1 – NON-AMBULATORY. Individuals unable to travel in a sitting position (e.g. require stretcher transport). Requires an ambulance or other specialized vehicle.</div> <div>TAL 2 – WHEELCHAIR. Individuals who cannot walk on their own but are able to sit for an extended period of time. May be transported as a group in a wheelchair appropriate vehicle.</div> <div>TAL 3 – AMBULATORY. Individuals who are able to walk on their own at a reasonable pace. Can be transported as a group in a passenger vehicle.</div> </div>

• TAL 1	
• TAL 2	
• TAL 3	

<div> </div> <div>The following questions are for Hospices:</div> <div> </div>

• If your agency operates a Hospice Residence, indicate the number of patients currently being served in the residence.	
• If your agency operates a Freestanding or Leased Space Hospice Inpatient Service Unit, indicate the number of patients currently being served in the inpatient setting.	
• If your agency operates a Hospice, please indicate your capacity for additional inpatient care (number of additional patients that can be served).	
• 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>*