Print Document

RESOURCE REQUEST FORM

INCIDENT NAME: _____

ochealth CARE AGENCY

By submitting this document **I CERTIFY** that the resources requested **are currently not available** and that **our organization has exhausted all appropriate means to procure such resources.** **I understand that my facility organization is responsible for all costs** related to filling this request.

1 REQUESTOR CONTACT & FACILITY/ORGANIZATION INFORMATION

Reset 1

Today's Date (1a)	Current Time (1b)	Full Name (1c)

Cell # (1d)	Alternate # (1e)	Direct E-Mail Address (1f)

Facility/Organization Name (1g)

24-Hour E-Mail Address (1h)	24-Hour # (1i)

Facility Type (1j)

○ Clinic ○ Dialysis ○ Home Health ○ Hospital ○ LTC/SNF

○ Surgery Center ○ Other _____

2 DELIVERY LOCATION & POINT OF CONTACT INFORMATION

Reset 2

Street Address (2a)	Unit # (2b)	City (2c)
	N/A ☐	

Zip Code (2d)	24-Hour # (2e)	24-Hour E-Mail Address (2f)

Load Dock (2g)	Point of Contact (POC) Full Name (2h)	POC Direct # (2i)
Yes ○ No ○		

POC Alternate # (2j)	POC Direct E-mail Address (2k)

Delivery Location & POC Notes (2l)

3 ITEMIZED RESOURCE (enter ONE item only, additional spaces on 213RR Supplemental Document)

Reset 3 Reset AOC Fields

AOC Tracking #	Resource Description (3a)	Primary use/purpose of item (3b)	Size (3c)	Qty. (3d)	Unit of Measure (3e)	Allocated Funds (3f)	Itemized # (3g)	Fulfillment Rte. (3h)	Filled? (3i)
AOC Track #					Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	○ Yes ○ No ○ N/A

4 FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT SIGNATURE

Name of Person Authorizing Order (4a)	Signature (4b)	Date Signed (4c)

AOC COMPLETES THIS: AOC STAFF SIGNATURE OF RECEIPT

Date (4d)	Time (4e)	Name (4f)	Signature (4g)

EMAIL TO: AOCResourceRequestLead@ochca.com

Reset 4

AOC COMPLETES THIS: Resource Request Number: _____

RESOURCE REQUEST FORM

INCIDENT NAME: _____

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ADDITIONAL RESOURCE REQUESTS (CONTINUED FROM PAGE 1) THIS IS A SUPPLEMENTAL PAGE ONLY

S1 REQUESTING FACILITY/ORGANIZATION INFORMATION **ResetS1**

Today's Date (S1a)	Current Time (S1b)	Facility/Organization Name (S1c)

S3 **ITEMIZED RESOURCES** (enter ONE item per line, duplicate this form if number of needed resources exceed the provided spaces) **ResetS3**

AOC Tracking #	Resource Description (S3a)	Primary use/purpose of item (S3b)	Size (S3c)	Qty. (S3d)	Unit of Measure (S3e)	Allocated Funds (S3f)	Itemized # (S3g)	Fulfillment Rte. (S3h)	Filled? (S3i)
AOC Track #					Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes / No / N/A
AOC Track #					Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes / No / N/A
AOC Track #					Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes / No / N/A

Reset AOC Fields

EMAIL TO: AOCResourceRequestLead@ochca.com

AOC COMPLETES THIS: Resource Request Number: _____