

PH DOC 06 - Assistance Capacity Report for SNFs & LTCFs

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FACILITY NAME: _____ TYPE (for SNFs ONLY): SKILLED | ASSISTED

CONTACT PERSON: _____ PHONE: (____) _____ FAX: (____) _____

BACK UP CONTACT: _____ PHONE: (____) _____ FAX: (____) _____

FACILITY STREET ADDRESS: _____

FACILITY CITY: _____ FACILITY ZIP CODE _____

(REPORT AS OF) DATE: _____ TIME: _____

FIRST REPORT or CHANGE IN STATUS

	# TOTAL	# OCCUPIED	# AVAILABLE
BEDS			

Santa Cruz County is experiencing an emergency event. To relieve hospital surge:

If needed, is your facility willing and able to receive patients from the hospital? YES | NO

If yes:

- a) What is the earliest date and time you can begin to receive patients? _____
- b) How many patients can your facility receive at the indicated date and time? _____
- c) What level of care can you provide?

- d) Are you willing and able to discharge patients (on a short-term basis) to make room to receive patients?
YES | NO
- e) Do you need assistance with transporting discharged patients? YES | NO

IN ORDER TO PROVIDE ASSISTANCE FOR THIS EVENT, does your facility need resources from Santa Cruz County (e.g. personnel or supplies)? If yes, please complete and submit a Resource Request Form (PH DOC 02 or 03), which can be found on the Hospital Preparedness Program (HPP) [webpage](#).

Whenever your status changes, please send an update of this report to the Santa Cruz County DOC immediately.

Instructions: During a DOC Activation, press the Email Now button, or e-mail this form to hsadoc@santacruzcounty.us, or fax to 831.454. 5068. If you would like to contact someone by phone, dial 831.454.4444