

The completed form should be emailed to: HSS.mail@la.gov

What is the Name of your Facility?

For Sheltering:

Primary Contact Name: _____

Mobile Phone: _____ Email: _____

Secondary Contact Name: _____

Mobile Phone: _____ Email: _____

Do you have access to PPE for Sheltering? _____ Yes, I have PPE _____ No, I need PPE

Do you have adequate staffing? _____ Yes, I have Staff _____ No, I will not have staff.

For Evacuation. Print extra sheets if more than one site.

Do you have transportation for both Positive and Negative Residents? ___ Yes ___ No

Have you verified your transportation provider will transport COVID Positives? ___ Yes ___ No

Do you have isolation plans for Positive Residents at evacuation site? ___ Yes ___ No

DO you have access to PPE at host site? _____ Yes, I will have PPE _____ No, I will need PPE

Name of Host Site for COVID NEGATIVE: _____

If not accepting both complete the site information for Positive sites.

Location of Host Site for Evacuation:

Address: _____

Contact for this site: Name: _____

Phone: _____ Email: _____

COVID POSITIVE Site: (put "SAME as Negative" if the Negative site is also accepting Positives)

Name of COVID POSITIVE Site _____

Location of Host Site for Evacuation - Positives:

Address: _____

Contact for this site: Name: _____

Phone: _____ Email: _____