Agency Name: Date of Request:

Contact Person: Phone Number:

County: Number of Staff Providing Direct Services:

Number of Clients: Number of Medically Fragile Clients:

Do you have any PPE currently on hand? How much and what type (approximations)?

What Items are you requesting?

Disposable Masks

Clear Cloth Face Masks (reusable)

Disposable Gowns

Sanitizing Wipes (bulk – bucket size)

Sanitizing Wipes (household size packets)

Hand Sanitizer

Face Shields

Gloves (S)

Gloves (M)

Gloves (L)

Gloves (XL)

N-95s (Reserved for COVID-19 cases, active fire areas, and medically fragile)

Thank you!

\*\*\*SECTION FOR RCRC TO COMPLETE\*\*\*

PPE Allocated to provider:

\_\_\_\_\_\_\_\_\_\_\_\_Disposable Masks

\_\_\_\_\_\_\_\_\_\_\_\_Clear Face Masks

\_\_\_\_\_\_\_\_\_\_\_\_Hand Sanitizer

\_\_\_\_\_\_\_\_\_\_\_\_Sanitizing Wipes (bulk)

\_\_\_\_\_\_\_\_\_\_\_\_Sanitizing Wipes (small)

\_\_\_\_\_\_\_\_\_\_\_\_Face Shields

N95

Gloves (s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gloves (M)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gloves (L)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gloves (XL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disposable Gowns

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed By RCRC Staff: