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: