

**Developmental Disabilities Administration**

**Licensed Residential Settings/Self-Direction**

**PPE Needs Request**

***\*Need and disbursement of limited supplies of PPE by the DDA is based on need, utilization of other resources, and continued availability. At this time, we are not prioritizing distribution of PPE to agencies that are closed.***

**DEMOGRAPHIC INFORMATION**

**Date of Request:** Click or tap to enter a date. **Service Delivery Model:** Choose an item.

**If traditional, which site:** Click or tap here to enter text. **Region:** Choose an item.

**Contact:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**PPE NEEDS ASSESSMENT**

**1. Do you have an “outbreak” in your home and has that info been shared with regional office?**

Choose an item. **How many (individuals/staff) positive:** Click or tap here to enter text.

**2. Do you currently have PPE and how did you obtain it?**

Choose an item.

**Local emergency Operation Center**

**Local health department**

**Independent sourcing**

**Based on the above need’s assessment, what additional PPE has been recommended and what is the quantity/size necessary to meet the need based on identified outbreak:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PPE** | **Quantity** | **Size** |
|  | **Gloves** |  |  |
|  | **Face Masks** |  |  |
|  | **Gowns** |  |  |
|  | **Eye Protection** |  |  |
|  | **N95 Mask** |  | **N/A** |

**DISTRIBUTION**

**\*Administrative Use Only**

**DDA review date: Click or tap to enter a date.**

**DDA electronic approval signature: Click or tap here to enter text.**

**Distribution date: Click or tap to enter a date.**

**Distribution location: Click or tap here to enter text.**

**Distribution time: Click or tap here to enter text.**

*All distributions are scheduled and vary by region; however, all regions will process requests in a timely manner. If you have questions please reach out to your regional office. After submission of this form, it will be reviewed by DDA. Priority in distribution will be given based on need* ***(outbreak, lack of PPE, exhaustion of resources).*** *Regardless, DDA will follow up with the contact person documented on this request form at the email provided regarding availability of PPE.*

***Once approved and you receive notification to pick up your request, please ensure you are wearing a face mask, practice social distancing, and have a vehicle large enough to haul needed PPE. Please present this form to applicable DDA staff in order to receive your supplies.***

**RESOURCES**

**DDA Guidance on requesting PPE:** <https://myemail.constantcontact.com/DDA-Provider-Alert--Personal-Protective-Equipment-Response.html?soid=1117796634703&aid=qi5O1QVH3N0>

**Utilizing PPE:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

**PPE Burn Rate Calculator:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

**Optimizing use of PPE**

**Face Masks:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

**Gowns:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

**Eye Protection:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

**N95:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>