• Contact Person During This Event
• Telephone
• Cell
• Contact Email Address
• Fax

**Combined Data**

>Certified Home Health Agencies (CHHAs) that also operate a Long Term Home Health Care Program (LTHHCP) may combine the data for both agencies and report on one form.

- Do the forms for this Emergency Activity contain the combined information for the CHHA and the LTHHCP? [Yes] [No]

- If yes, please identify the names of the CHHA and LTHHCP that are represented on this form. [Yes] [No]

- If no, individual survey forms are required for the CHHA and the LTHHCP. [Yes] [No]

- Does your Agency have an agreement to provide assistance to the local Office of Emergency Management (OEM) during this event? [Yes] [No]

- If so, what is the nature of that agreement? [Yes] [No]

- Is your Agency providing assistance to local OEM to fulfill any agreement specified above? [Yes] [No]

- Is your staff recognized by local OEM as essential health care providers? [Yes] [No]

- Has your agency implemented its emergency response plan? [Yes] [No]

- Has your staff been directed to fuel vehicles used to provide care to patients? [Yes] [No]

• Comments

*Required Fields. **Repeatable Sections.