

• Is your agency currently serving patients? [Yes] [No]

*<b>If your agency is currently not serving patients, you are not required to complete the remainder of this form.</b>*

*<p> Evacuation by Area Instructions</p><p>To begin entering your Evacuation by Area subform click 'Save and Add' to display the first set of fields. When you complete information on your first Evacuation Area click 'Save and Add' again to display a fresh set of data entry fields. Continue this process until all Evacuation Areas have been entered, then click 'Save All'.</p> <center>Patient Classification Level Definitions</center> <small><li>Level 1 - High priority. Patients require uninterrupted services and must have care. Patients with unstable conditions (Require life sustaining equipment.) </li> <li>Level 2 - Moderate priority. Services may be postponed with phone contact. Somewhat unstable. </li> <li>Level 3 - Stable. Patients have access to informal measures for assistance. May safely miss a scheduled visit with basic care from family.</li></small>*

**Evacuation By Area\*\***

- Please choose your County or Zone
  - [Albany] [Allegany] [Bronx] [Broome] [Cattaraugus]
  - [Cayuga] [Chautauqua] [Chemung] [Chenango] [Clinton]
  - [Columbia] [Cortland] [Delaware] [Dutchess] [Erie]
  - [Essex] [Franklin] [Fulton] [Genesee] [Greene] [Hamilton]
  - [Herkimer] [Jefferson] [Kings] [Lewis] [Livingston]
  - [Madison] [Monroe] [Montgomery] [Nassau] [Nassau Co. Zone 1] [Nassau Co. Zone 2] [Nassau Co. Zone 3] [Nassau Co. Zone 4] [New York] [New York City Zone 1] [New York City Zone 2] [New York City Zone 3] [New York City Zone 4] [New York City Zone 5] [New York City Zone 6] [Niagara] [Oneida] [Onondaga] [Ontario] [Orange] [Orleans] [Oswego] [Otsego] [Putnam] [Queens] [Rensselaer] [Richmond] [Rockland] [Saratoga] [Schenectady] [Schoharie] [Schuyler] [Seneca] [St. Lawrence] [Steuben] [Suffolk] [Suffolk Co. Zone 1] [Suffolk Co. Zone 2] [Suffolk Co. Zone 3] [Suffolk Co. Zone 4] [Sullivan] [Tioga] [Tompkins] [Ulster] [Warren] [Washington] [Wayne] [Westchester] [Westchester Co. Zone 1] [Westchester Co. Zone 2] [Westchester Co. Zone 3] [Westchester Co. Zone 4] [Wyoming] [Yates] [Other]

• If your selected area was 'Other' please enter details here.

*The following questions request numbers of patients in different circumstances. Some patients are the sole responsibility of the reporting agency (not shared with another entity), and some patients are the responsibility of the reporting agency as well as another entity. Please answer the questions below to the best of your knowledge:*

*<div>Number of patients in selected area for whom the reporting agency is the SOLE (Not Shared) Home Care/Hospice provider that have NO confirmed communication in regards to the patients status of evacuation :</div>*

- Level 1 # High Priority
- Level 2 # Moderate Priority
- Level 3 # Low Priority

*<div>Number of patients in selected area for whom the reporting agency is NOT THE SOLE (Shared) Home Care/Hospice provider that have NO confirmed communication in regards to the patients status of evacuation :</div>*

- Level 1 # High Priority
- Level 2 # Moderate Priority
- Level 3 # Low Priority

*Number of patients in selected area for whom the reporting agency is the SOLE (Not Shared) Home Care/Hospice that were evacuated/relocated:*

- Level 1 # High Priority
- Level 2 # Moderate Priority
- Level 3 # Low Priority

*Number of patients in selected area for whom the reporting agency is NOT THE SOLE (Shared) Home Care/Hospice provider that were evacuated/relocated:*

- Level 1 # High Priority

**Custom Form Designer Application: HCEMREVCRL0 Home Care Emergency Survey Evacuation**

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• Level 2 # Moderate Priority	<input type="text"/>
• Level 3 # Low Priority	<input type="text"/>
<i>Number of patients in selected area evacuated/relocated to:</i>	
• Family	<input type="text"/>
• General Shelters	<input type="text"/>
• Special Medical Shelters	<input type="text"/>
• Hospitals	<input type="text"/>
• Nursing Homes	<input type="text"/>
• Other Locations	<input type="text"/>
• Please list Evacuation/Relocation Sites if 'Other' was chosen, above.	<input type="text"/>
• Evacuation/relocation issues:	<input type="text"/>
<i>Number of patients in selected area for whom the reporting agency is the SOLE (Not Shared) Home Care/Hospice provider still needing evacuation:</i>	
• Level 1 # High Priority	<input type="text"/>
• Level 2 # Moderate Priority	<input type="text"/>
• Level 3 # Low Priority	<input type="text"/>
<i>Number of patients in selected area for whom the reporting agency is NOT THE SOLE (Shared) Home Care/Hospice provider still needing evacuation:</i>	
• Level 1 # High Priority	<input type="text"/>
• Level 2 # Moderate Priority	<input type="text"/>
• Level 3 # Low Priority	<input type="text"/>
<i>Number of patients in selected area for whom the reporting agency is the SOLE (Not Shared) Home Care/Hospice provider refusing evacuation:</i>	
• Level 1 # High Priority	<input type="text"/>
• Level 2 # Moderate Priority	<input type="text"/>
• Level 3 # Low Priority	<input type="text"/>
<i>Number of patients in selected area for whom the reporting agency is NOT THE SOLE (Shared) Home Care/Hospice provider refusing evacuation:</i>	
• Level 1 # High Priority	<input type="text"/>
• Level 2 # Moderate Priority	<input type="text"/>
• Level 3 # Low Priority	<input type="text"/>
• Comments	<input type="text"/>

*<center>Once all data has been entered, click 'SAVE ALL' then 'REVIEW & SUBMIT'. <p><b><center><ul>\*\*\*\*Please be sure to <em>SUBMIT</em> this form by clicking 'SUBMIT DATA TO DOH' from the Review Screen. \*\*\*\*</ul></center><b><p>*

\* Required Fields. \*\* Repeatable Sections.