

RESOURCE REQUEST FORM

GENERAL	Request Date:	Request Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	Initial Request <input type="checkbox"/>	Re-Supply Request <input type="checkbox"/>
	Local Health Department <input type="checkbox"/>	Hospital <input type="checkbox"/>	Long-Term Care Facility <input type="checkbox"/>	
	Gov. Healthcare Provider <input type="checkbox"/>	Non-Gov. Free-Standing Clinic/Non-Hospital Affiliated Facility <input type="checkbox"/>	Non-medical First Responder Entity <input type="checkbox"/>	
	Name of Requesting Entity:			

CONTACT INFO	Name of Person Authorized to Request:	
	Title:	Email:
	Phone #:	Landline <input type="checkbox"/> Cell <input type="checkbox"/>
	Alternate #:	Landline <input type="checkbox"/> Cell <input type="checkbox"/>
	Signature of Authorized Requestor:	

EVENT INFORMATION	General Event Description:		
	MATERIAL NEEDED - Specify Item(s) & Amount		
		Item / Equipment / Medication	Amount
	1		
	2		
	3		
	4		
	5		
	6		
	7		
8			

PICK-UP/ DELIVERY	Pick-Up <input checked="" type="checkbox"/> Delivery <input type="checkbox"/>	
	Name of Person(s) Authorized to Receive Pick-up / Delivery:	Contact Information:
		Landline <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/>
		Landline <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/>

ALL REQUESTORS – SCAN/EMAIL completed form to CCDPH at phdoc_planning@cookcountyhhs.org.

- **CCDPH Planning Section personnel will confirm receipt of the scanned/emailed Resource Request Form via phone or email.**

FOR CCDPH USE	<i>CCDPH RECEIVED REQUEST:</i>	Date:	Time:	Staff Initials:
	<i>CCDPH SENT REQUEST to COOK COUNTY DEMRS:</i>	Date:	Time:	Staff Initials:
	<i>COOK COUNTY DEMRS RECEIVED REQUEST:</i>	Date:	Time:	



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INSTRUCTIONS:

1. Complete Resource Request Form in its entirety.
2. Scan/Email the Resource Request Form to CCDPH using the email address below.
3. CCDPH Planning Section personnel will confirm receipt of the scanned/emailed Resource Request Form via phone or email.

Local Health Department	Email
Cook County Department of Public Health	phdoc_planning@cookcountyhhs.org

