

AHCA Emergency Status System (ESS) Information Form
Once Complete, please fax to (850) 922-1984 or (850) 410-1476

Demographic Information - Please complete the following about the Provider contacted _____

Provider Name _____

Provider Type _____

Street Address _____

City _____

County _____

Date of Contact _____

Time _____

Name of Person Contacted _____

Method of contact Phone _____ (number)

Visit _____

Licensed Bed Capacity: _____ Current Census: _____

Unable to Contact: _____
(include explanation) If checked, no further information is necessary

Emergency Contact Information - List information obtained during contact about who to contact on behalf of the facility if needed

Emergency Contact Name _____

Primary Contact Indicate YES if this person is the Primary Emergency Contact

Yes / No Person _____

Title _____

Phone _____

Cell Phone _____

Fax _____

E-Mail _____

Satellite Phone _____

Special Resident Characteristics – include if residents have not evacuated but are in need of assistance such as power outage

Resident Status _____ Number of Residents for each Status checked: _____

Dialysis _____

Insulin Dependent _____

Oxygen Dependent _____

Ventilator Dependent _____

Provider Name: _____

Evacuation Status

- Completed – Provider Has Evacuated and Not Returned
- In Process of evacuating
- Not Evacuating
- Planning to Evacuate
- Returned to Facility After Evacuation
- Undecided About Evacuating

Number of residents evacuated _____
 Evacuation Start Date _____
 (when residents begin leaving)
 Evacuation End Date _____
 (when evacuation is completed)
 Return Start Date _____
 (when residents began returning)
 Return End Date _____
 (when all residents have returned)

Evacuation Destination

	Location #1	Location #2 (add more if needed)
Location Name		
Street Address		
City		
Zip		
County		
State		
Contact Person Phone		
Cell Phone		
# of Residents Evacuated this Location		

Assistance Request (Facility Needs) Information

It is CRITICAL that providers contact the county EOC to request any assistance – reporting to AHCA does not create a request – only allows tracking.

Type of Assistance Needed:	Date Needed	Amount or Type Needed
<input type="checkbox"/> Food		
<input type="checkbox"/> Generator		
<input type="checkbox"/> Generator Fuel		
<input type="checkbox"/> Ice		
<input type="checkbox"/> Medical Assistance		
<input type="checkbox"/> Other Medical/Non-Medical Equipment		
<input type="checkbox"/> Oxygen Equipment		
<input type="checkbox"/> Portable Toilets		
<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Staff Issues		
<input type="checkbox"/> Solution		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Ventilators		
<input type="checkbox"/> Water		

Provider Name: _____

Impact

Type of Impact:	Date of Impact	Date Resolved	Severity – Major, Minor, or Description	
<input type="checkbox"/> Elevator Damage			<input type="checkbox"/> Out of Service	<input type="checkbox"/> Partially Functional
<input type="checkbox"/> Flooding			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Floor Damage			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Foundation Damage			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Other Mechanical Damage			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Power Out			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Roads Blocked			<input type="checkbox"/> Major	<input type="checkbox"/> Minor Passable? Yes / No
<input type="checkbox"/> Roof Damage			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Sewer System Out			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Wall Damage			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Water System Out			<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Window Damage			<input type="checkbox"/> Major	<input type="checkbox"/> Minor

Utilities/Power Information

Power Company Name _____
Power Company Account _____
Does Facility have a Working Generator _____
Does Generator Supply Power for HVAC (Heating- A/C system) _____

Out of Service Information

Does Facility Expect to be Out of Service (long term)? Yes / No Date facility became inoperable: _____

Available Beds - Complete only if not evacuating and will to accept others if needed

Indication if provider is willing to receive evacuees from other providers _____
Available Beds for male residents _____
Available Beds for female residents _____
Other Available Beds (either gender) _____
Total Available Beds _____

Please contact AHCA Assisted Living Unit (850) 487-2515 or Long Term Care Unit (850) 488-5861, if you have questions or concerns about use of this form.