

Please report facility status. You can report for more than one facility by submitting individual reporting forms for each facility.

*** 1. Your Name, Facility and Title**

Name:

Facility:

Title

City/Town:

State

Email Address:

Cell Phone #

2. Facility CCN # (#xx-XXXX)

3. What is your current patient census?

4. Please list date(s) reporting for

Day 1

Day 2

5. Have you notified the State Department of Health (NYPORIS)?

- Yes
- No
- If No, why?

6. Please report your facility status:

- Open
- Closed
- Altered (Open Late/Closed Early)

7. Please explain event and mitigation plans

8. Do you have any patients that you have not been in contact with?

- YES
- NO

If YES please give total #, No PHI via internet. To send PHI, fax list of unaccounted for patients including SSN and DOB to the Network

9. Is there anything that the Network can do for you to help your patients or facility?