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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)RESIDENTIAL CARE SERVICES**Rapid Response Team 2 Request** |  |
| REQUEST DATE |
| Submit your completed form to rapidresponse@dshs.wa.gov. Include all required information to complete the request. “Rapid Response Team 2 Management will review and screen your staffing request using the priority criteria in the following order:  Priority 1 for patient admissions from hospital. Priority 2 for COVID outbreaks at a certain staff percentage. Priority 3 for other urgent staffing. |
| FACILITY/ HOME/PROVIDER NAME | LICENSE/ CERTIFICATION NUMBER |
| PHYSICAL ADDRESS: STREET CITY STATE ZIP CODE**WA** |
| FACILITY/HOME/PROVIDER TYPE [ ]  AFH [ ]  ALF [ ]  CCRSS [ ]  ICF/IID [ ]  ESF [ ]  NH [ ]  SL |
| REQUESTOR’S NAME | POSITION |
| EMAIL ADDRESS | CELL/OFFICE NUMBER (INCLUDE AREA CODE) |
| FACILITY/HOME BED CAPACITY (NH, ALF, AFH, ESF, ICF/IID)  | SL CLIENTS ASSIGNED TO PROVIDER (SL ONLY) |
| **Facility/Home/Provider Information (completed by requestor)** |
| PRIORITY 1Are you participating in the DSHS Incentive for Acute Care Hospital Discharges?............................. [ ]  Yes [ ]  NoIs this request necessary to admit patients from acute care hospitals to expedite a necessary hospital discharge?............................................................................................................. [ ]  Yes [ ]  No**If yes**, how many residents admitted a) in the past 72 hours?       b) this week?      Is this request necessary to readmit residents and clients from acute care hospitals (not related to the incentive program)? …………………………………………………………………… [ ]  Yes [ ]  No**If yes**, how many residents admitted a) in the past 72 hours?       b) this week?.       |
| PRIORITY 2Is this request related to staffing needs for high COVID-19 + cases?.................................................. [ ]  Yes [ ]  No |
| PRIORITY 3Is this request related to staffing needs other than to support patient admissions fromfrom hospitals and COVID-19 + cases? ………………………………………………………………..… .[ ]  Yes [ ]  No |
| **STAFF REQUESTED.** |
| **NACS** | **LPNS** | **RNS** |
|  | SHIFTS NEEDED:[ ]  DAY[ ]  EVENING[ ]  NIGHT |  | SHIFTS NEEDED:[ ]  DAY[ ]  EVENING[ ]  NIGHT |  | SHIFTS NEEDED:[ ]  DAY[ ]  EVENING[ ]  NIGHT |
| **Rapid Response Team 2 Management Notes** |
| COMMENTS[ ]  Priority 1 [ ]  Priority 2 [ ]  Priority 3 |
| RAPID RESPONSE TEAM 2 MANAGER’S SIGNATURE DATE | MANAGER’S PRINTED NAME |