



Rapid Response Request

REQUEST DATE

Submit your completed form to rapidresponse@dshs.wa.gov. Include all required information to complete the request. RCS Regional Administrators and the Headquarters Operations Office chief review Rapid Response staffing requests and send requests to the Rapid Response nurse managers.

FACILITY NAME		LICENSE NUMBER	
PHYSICAL ADDRESS: STREET		CITY	STATE ZIP CODE WA
RAPID RESPONSE NURSING: AL TSA <input type="checkbox"/> AFH <input type="checkbox"/> ALF <input type="checkbox"/> CCRSS <input type="checkbox"/> ICF/IID <input type="checkbox"/> ESF <input type="checkbox"/> NH			
REQUESTOR'S NAME		POSITION	
EMAIL ADDRESS		TELEPHONE NUMBER (INCLUDE AREA CODE)	

Facility Information (completed by requestor)

- Number of residents in the facility or clients assigned to the agency:
- If your facility shares ownership or operational management with other facilities in the state or region, has your facility requested backup support from those facilities? Yes No
- Has your facility called on staff in administration (Administrator, Director of Nursing, other department heads) to assist with providing direct care, supervision and non-ADL needs? Yes No
- Has your facility reached out to a staffing agency with no additional staff available? Yes No
- Comments or concerns:

STAFF REQUESTED

NACS	LPNS	RNS
SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT

RCS Manager's Notes

COMMENTS

RCS MANAGER'S SIGNATURE	DATE	RCS MANAGER'S PRINTED NAME
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