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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](mailto: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 seasonal 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 1**  Is 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?  Yes  No  **If yes**, how many residents admitted: a) in the past 72 hours? ; b) this week? | | | | | | | | |
| **PRIORITY 2**  Is this request related to staffing needs for seasonal outbreaks, e.g., COVID-19, RSV, Flu,  or Norovirus?  Yes  No | | | | | | | | |
| **PRIORITY 3**  Is this request related to staffing needs other than to support patient admissions from hospitals and seasonal outbreak positive 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 | | |