

Please report your facility's planned status.

You can report for more than one facility please submit individual reporting forms for each facility.

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

Name:

Facility:

Title

City/Town:

Email Address:

State

2. Facility CCN # (#xx-XXXX)

3. Schedule Impact

Date MM DD YYYY

	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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4. Please give us your facility status for date listed above

	Open	Delayed Open	Closed	Early Closed
Day Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

5. 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

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