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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 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 hospitalsand 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 |