**FLPHA MOU Operational Plan**

**Appendix 3.4: Accepted Assets Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Receiving County Information** | | | | |
| Receiving County: |  | | | |
| LHD POC: |  | | Title: |  |
| Phone Number: |  | Email Address: | |  |

|  |  |
| --- | --- |
| **Sending County Information** | |
| County: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accepted Assets** | | | | | | |
| Credentials:  (Check all that apply.) | Medical Number Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-Medical Number Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | |
| Equipment: | Yes  No | | | | Transportation Needed: | Yes  No |
| Equipment Accepted: | | |  | | | |
|  | | | | | | |
|  | | | | | | |
| Supplies: | Yes  No | | | | Transportation Needed: | Yes  No |
| Supplies Accepted: | | |  | | | |
|  | | | | | | |
|  | | | | | | |
| Pharmaceuticals: | | Yes  No | | | Transportation Needed: | Yes  No |
| Pharmaceuticals Accepted: | | | |  | | |
|  | | | | | | |
|  | | | | | | |
| Additional Information: | | |  | | | |
|  | | | | | | |

|  |  |
| --- | --- |
| Please respond to the LHD POC via email using Appendix 3.3.1: *Available Assets Form - Volunteers* and Appendix 3.3.2: *Available Assets Form - Equipment, Supplies, & Pharmaceuticals* of the *FLPHA MOU Operational Plan*. | |
| Response Needed By: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorizing Signature: |  | | |
| Printed Name: |  | | |
| Title: |  | Date: |  |