**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: |  |