

Requested Coverage

Shift Days of the Week (check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Shift Duration (in hours):

AM Shift Hours

From:		To:	
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Kind of Staff Requested for AM Shift	Number of Staff Requested for Shift

PM Shift Hours

From:		To:	
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Kind of Staff Requested for PM Shift	Number of Staff Requested for Shift

Instructions For Arrival

(eg. instructions for accessing the facility, parking, security, point of contact):

Additional Information

Information not captured in this form or the corresponding Resource Request

Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF),
Residential Care Facility for the Elderly (RCFE),
Assisted Living Facility (ALF) Staffing Questions

Please provide answers to the following questions to aide in the adjudication of your request for staffing.

Facility Name:

Number of Available Beds:

Number of additional beds if provided requested staffing:

Current % Patient Occupancy:

- Facility Census: _____
 - o COVID + residents: _____
 - o PUI Residents: _____

- Total Patient Care Staff: _____
 - o COVID + Staff: _____
 - o Staff Unavailable to work (COVID or other): _____

- Has the facility stopped taking new admissions?

- Is the facility following their mitigation plan?

- Does the facility have sister facilities or a network of facilities that could provide additional staffing to the facility in need?

- Has the facility reached out to private staffing contract agencies to provide additional staffing in the facility?
 - o Which agency?
 - o Why is this agency unable to provide assistance?
 - * Please list each agency separately

- What is the facility's long-term strategy to continually staff the facility to provide appropriate level of care for the patients?

Please provide the answers to your MHOAC and your local CDPH District Office representative. As a reminder, state sourced staffing is meant to fill short term emergency staffing gaps and is not meant as a long term staffing resource.