



COVID-19 HOME TEST KIT COMMUNITY DISTRIBUTION QUESTIONNAIRE

Organization Name:

Type of Organization:

1. Which area(s) of the County does your organization serve?

2. To whom does the organization plan to distribute tests? (staff, high-risk populations, outbreak sites, etc.)

3. How will test be distributed? (distribution event date/location, etc.)

Date and time:		Person making request:	Best Contact number:
When Needed:	Quantity of Tests needed for 4-weeks (each):		Comment:
<i>I understand our organization cannot charge anyone or their insurance for COVID-19 Test kits received through this program, and fulfillment of this request will depend on the availability of the supplies.</i>			Signature of Authorized agent of the requesting Organization

Please submit to:

- E-Mail: DOC.Logistics@cchealth.org