



COALITION PARTNER MEMBERSHIP APPLICATION

ORGANIZATION DEMOGRAPHICS

ORGANIZATION NAME:	
ADDRESS:	
CITY/STATE/ZIP CODE:	
COUNTY:	
TELEPHONE NUMBER:	
FAX NUMBER:	
WEBSITE:	

PRIMARY REPRESENTATIVE DEMOGRAPHICS

NAME:	
TITLE/POSITION:	
OFFICE PHONE:	
MOBILE PHONE:	
FAX NUMBER:	
EMAIL:	

PROXY REPRESENTATIVE DEMOGRAPHICS

NAME:	
TITLE/POSITION:	
OFFICE PHONE:	
MOBILE PHONE:	
FAX NUMBER:	
EMAIL:	

ORGANIZATION TYPE

- Hospital
- Emergency Management Agency
- Long Term Acute Care Hospital
- Emergency Medical Service
- Local Health Department
- Behavioral Health Organization
- Ambulatory Surgery Center
- Skilled Nursing Facility
- Rural Health Clinic

- Home Health Organization
- Hospice
- Medical Reserve Corp.
- End Stage Renal Disease (ESRD)
- VA/DOD Treatment Center
- Other (Please Specify):

ORGANIZATION SOCIAL MEDIA INFORMATION

Website:	
Facebook:	
Twitter:	
Instagram:	
YouTube:	
Other:	

ORGANIZATION SPECIFICS

(Please mark "N/A" for questions that do not pertain to your organization)

Hospital/LTAC/LHD/Behavioral Health/Ambulatory Surgery/Clinic/VA/SNF

- Does your organization have an emergency department capable of receiving emergency patients? _____
- If no emergency department, does your organization have the capability to receive emergency patients as part of a medical surge temporarily as an alternate care site? _____
- As an alternate care site, does your organization possess clinical personnel who would be available to treat patients from a medical surge? _____
- What is your organization's bed count (if applicable)? _____
- Does your facility have emergency back-up/generator power? _____
- Does your organization have an emergency operations plan? _____
- Does your organization complete an annual hazard/risk assessment? _____
- Is your organization NIMS compliant (IS 100, 200, 700, 800)? _____
- Does your organization have transportation capability with wheel-chair vans or mini-buses during a local emergency or disaster? _____ If so, how many do you have available of each type? _____
- Does your organization have a communications plan? _____ What form of communications does your organization utilize? Please check all that apply:

_____ Landline Phone	_____ UHF Radio
_____ Mobile Phone/Text	_____ VHF Radio
_____ Email/Fax	_____ 800 MHz
_____ WebEOC	_____ Live Process
_____ IHERN	_____ IHAN
_____ Other: _____	
- Please provide us with a brief description of your organization and any other pertinent information or expertise you may have available:

Emergency Medical Services

- What is your organization's service type?
 Municipal/Government Hospital
 Private Non-Profit/Volunteer
Other: _____
- What is your current State IDHS provider certification (BLS/ALS)? _____
- Who is your organization's Sponsoring/Supervising Hospital?

- Who is your organization's Medical Director? _____
- Does your organization provide a primary 9-1-1 contract coverage areas?
- How many ambulances does your organization staff daily?
 BLS ALS Specialty
- What is your organization's service population? _____
- Does your organization provide any specialty transportation as part of your service?
 Wheel Chair Van Bariatric MICU Pediatric
 Other: _____
- Does your organization participate on District 6 Medical Task Force? _____
- Please provide us with a brief description of your organization and any other pertinent information on your service or expertise we may have missed:

ALL DOMAIN QUESTIONNAIRE

- **WHAT MEMBERSHIP BENEFITS INTEREST YOUR ORGANIZATION?**
(Check all that interest your organization)
 Networking with district healthcare emergency preparedness leadership and key response officials
 Health surveillance, intelligence, and information sharing
 Improved system for medical surge
 Patient transport and evacuation plans during a disaster
 Ability to mobilize and coordinate medical resources
 Healthcare mass alert and communication coordination
 Access to best practices in treatment, transport, and patient tracking
 Access to and participation in regional vulnerability assessments
 Access to and participation in coordinated training and exercises that test organizational and regional capabilities and lead to better outcomes for staff and patients
 Centers for Medicare Emergency Preparedness Rule
 Mass casualty incident operations
 Mass fatality incident operations
 Regulatory and accreditation requirements

