

IDSW PPE Request Form

Complete before contacting Agency

Name of person submitting request: _____ Date: _____

Person Receiving Services:

- Initials_____
- Service Program: Attendant Services Children’s Personal Care
- Physical Address:

All questions below must be answered yes to be eligible to receive PPE

1. Is someone in the home where care is provided COVID-19 positive **OR** symptomatic **OR** has been exposed to COVID-19 positive person and is waiting for test results?

Yes No

2. Will IDSW from outside of home be entering home to provide support?

Yes No

3. Are additional PPE supplies be needed over the next two weeks to continue to provide support? Yes No

PPE Items and Amounts

Item	Amount used in 1 day	Amount Needed for 14 days	Amount of PPE on hand	Amount to Request
Gloves				
Goggles				
Surgical masks				
N95/KN95 Respirators*				
Disposable Gowns				
Face Shields				

Agency Name: _____

PPE to be delivered: In Person Mailed Picked Up

Delivery Date:

Notes:

If you need assistance or have questions, contact Melanie Feddersen 802 289-0015