

SHOC Resource Request Form		Requesting Agency Contact Information	
Date:	Time:	Event:	
Mission Priority: <input type="checkbox"/> FLASH (immediate) <input type="checkbox"/> High (<6 hr.) <input type="checkbox"/> Medium (<12 hrs.) <input type="checkbox"/> Low (24+ hrs.)			
Requestor's Name:		Title:	
Requestor's Organization:			
Phone #:	Mobile #:	Fax #:	
Email Address:			
Requested Resource(s):			
Normal supply chain exhausted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Partner assistance available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Requested Assistance/Resources Required <i>(must include 1)what capability cannot be met and 2)additional resources that are required to meet the capability)</i>			
Quantity:	Detailed Resource Requested (include resource Type/Kind): <i>Provide details such as setup/transport, fuel, meals, operator(s), water, maintenance, lodging, power, etc:</i>		
	1)		
	2)		
	3)		
Delivery Site POC <i>(Point of Contact)</i> :		Title:	
Delivery Address <i>(include facility name, street, city, state and zip)</i> :			
POC 24 hour Phone #:		POC Mobile #:	POC Fax #:
POC Email Address:			
Request sent to SHOC Operations: <i>(by whom, date & time)</i>			
Received in SHOC Operations: <i>(by whom, date & time)</i>		SHOC Operations Assigned To: <input type="checkbox"/> Logistics <input type="checkbox"/> Planning <input type="checkbox"/> Finance and Admin <input type="checkbox"/> Other <input type="checkbox"/> Healthcare Services Branch <i>(define other)</i>	
Received by:		Date and Time:	
Augmenting Justification/Comments:			

Ability to fill request:

In entirety Partially Pending Redirected Other

Comments (*why partial pending, redirected or other*)

Send to SHOC Operations for action

Received by:

Date and Time:

SHOC Operations Chief Recommendation:

SHOC Operations Chief Signature:

SHOC Command Actions:

SHOC Command Approval:

- Fill the request in entirety
- Partially fill request
- Request Denied
- Other

SHOC Command Signature:

SHOC Command Comments:

Approved Request sent to:

- Logistics Planning Finance and Admin
- Healthcare Services Branch Other

Task Completed: (*signature, date & time*)

- Copy of form to Operations
- Copy of form to Finance and Admin