

TAB B – Annual Communication Tool

Category II Patient Numbers - please duplicate this form as necessary and provide to your Parish OEP.

Name of Parish: _____

Name of Agency: _____

Address: _____

Phone: _____ State License #: _____

Fax: _____

Home Health Agency _____ has a total of _____ clients who
(Name of Home Health Agency) *(Number)*
 require Community Assistance in _____ Parish.
(Name of Parish)

Signature: _____

Name & Title: _____

Date: _____

<p>Category I- Hospital Admit (HA): Patients with special need(s) who are acutely ill, and need to be admitted to a hospital as a patient during an emergency evacuation of the area.</p>	<p>Category I- Hospital Shelter (HS): Patients with special need(s) who do not yet need to be admitted, but whose condition will probably deteriorate during an evacuation. Patients will be sent to a hospital to be sheltered during an emergency evacuation of the area.</p>	<p>Category II: Patients with limited needs and assistance who will require Special Needs Shelter during an emergency evacuation of the area.</p>
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Instructions: Each year, on the 1st of May, the agency shall complete and forward **Tab B - Annual Communication Form** to the Parish Office of Emergency Preparedness (OEP). The purpose of this form is to give the Parish OEP an estimate of the probable extent of assistance that will be needed in that particular parish in the event of an emergency.