

Cover Sheet

DATE: May 26, 2011

SUBJECT: LHJ Flooding Report Form

INSTRUCTIONS:

DO NOT REDISTRIBUTE

Remove this cover sheet before redistributing and replace it with your own.

**For LOCAL HEALTH
DEPARTMENT reference only**

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

PHEP

406-444-3075

HHSEOCoperations@mt.gov

**DPHHS Health Alert Hotline:
1-800-701-5769**

**DPHHS HAN Website:
www.han.mt.gov**

Remove this cover sheet before redistributing and replace it with your own.

Please ensure that DPHHS is included on your HAN distribution list.

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Please call DPHHS to update contact information at 444-0919 or 444-6906

Information Sheet

Date: May 26, 2011

Subject: LHJ Flooding report form

Information:

DPHHS is requesting information from local and tribal health jurisdictions affected by flooding.

If your county or tribe has **declared a state of emergency** due to flooding, please return the attached form to DPHHS.

Please submit only ONE form from your jurisdiction to DPHHS.

If your jurisdiction has not declared a disaster, please keep this form on hand in the event it does. You then may submit it to provide us with information.

Jurisdictions that are affected by the flooding are asked to send an UPDATED form if situations change.

Submit the form in **ONE** of three ways:

By Fax	444-4199
By Phone	444-3075
By Email	HHSECOperations@mt.gov

If you have any questions or need assistance, please call 444-3075.

DPHHS is requesting this information to assist state-wide planning under Emergency Support Function #6, Mass care, Emergency Assistance, Housing & Human Services

Montana Spring Flooding 2011

Department of Public Health & Human Services

Health and Human Services
Related Status Report

If your jurisdiction has declared a STATE OF EMERGENCY, please submit this form to DPHHS.

By Fax 444-4199
By Phone 444-3075
By Email HHSEOCoperations@mt.gov

Submit only ONE report per jurisdiction.

Updated reports are requested daily IF conditions change in your jurisdiction. **DATE:** _____

Jurisdiction: _____ Name: _____ Title: _____ Phone#: _____ Email: _____

Is your health department involved with your jurisdiction's Emergency Operations Center? Yes No

Formal Shelters

Have any shelters been established in your jurisdiction?

Yes No How many? _____

If "yes,"

Number of Red Cross shelters? _____

Number of OTHER shelters? _____

If shelter(s) **ARE NOT** Red Cross,

What is the current TOTAL population of the shelter(s)? _____

What is the TOTAL capacity of the shelter(s)? _____

Other/Comments _____

Long Term Care Facilities

Have any long term care facilities in your jurisdiction been impacted because of flooding?

Yes No

If "yes," what impact?

Evacuation

Pending Evacuation

Increased Intake

If so, are any above licensed capacity?

Yes No

Other/Comments _____

Hospitals

Has the hospital in your jurisdiction been impacted because of flooding? Yes No

If "yes," what impact?

Evacuation

Pending Evacuation

Increased Intake

If so, is it above licensed capacity?

Yes No

Other/Comments _____

Institutions & Services

Are there any institutions or services that have any health related impacts from flooding?

Click all that apply and describe the impact.

Group Homes _____

Daycares _____

Senior Centers _____

Prisons/Jails/Other similar institutions _____

Meals on Wheels/Other food related services _____

Other _____

Miscellaneous/Other

Please report any other health related information from your jurisdiction, including significant or pending issues:

All requests for supplies/resources must go through the local EOC to the State Emergency Coordination Center (SECC) at Disaster and Emergency Services. If there are any needs for health related assistance below that level, please describe them here.

Remember to keep in contact with your community service partners to ensure that at-risk and special populations are included in incident response efforts.