

**COMMUNITY OUTREACH INFORMATION NETWORK: AGENCY EMERGENCY CONTACT INFORMATION**

Because your agency is registering as a member of the COIN, the Pasco County Health Department may need to contact you after-hours in the event of an emergency. *Personal contact information will not be shared and will only be used during an emergency.*

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street / City / State / Zip*

Number of Paid Staff: \_\_\_\_\_

**1. Contact Information**

**Primary Contact:** \_\_\_\_\_

(Person assigned to coordinate the organization's activities and to communicate with the Pasco County Health Department)

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

After Hours: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Secondary Contact(s) (in case Primary Contact is unavailable)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

After Hours: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

After Hours: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. Target Audience:** (check all that apply)

**Who** – *The types of people that you will send information to*

- Employees
- Employee Family Members
- Individuals that your organization serves: (check all that apply)
  - Homebound
  - Living in a Residential Facility  
(List facility name: \_\_\_\_\_)
  - Living in a Skilled Nursing or Similar Facility  
(List facility name: \_\_\_\_\_)
  - Disabled
  - Seniors
  - Homeless
  - Have behavioral health challenges
  - Other (Please describe: \_\_\_\_\_)

**Quantity** - *Estimate the number of people that you will send information to for each group listed below.*

Target Audience	Number
Employees	
Individuals that your organization serves	
Other:	
Other:	

**Language**

List any alternate languages spoken: \_\_\_\_\_

**3. Communications Plan**

**Ways that you want to get information from the Pasco County Health Department**

Check all methods you will use:

- Telephone
- Email
- Fax
- Other (Please specify: \_\_\_\_\_)

**Ways you will send information to the clients that your organization serves**

Check all methods you will use:

- |                                                                 |                                                   |
|-----------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Telephone                              | <input type="checkbox"/> Visits to clients' homes |
| <input type="checkbox"/> Website posting                        | <input type="checkbox"/> Email                    |
| <input type="checkbox"/> Other ( <i>Please specify</i> : _____) | <input type="checkbox"/> Fax                      |

YES, my organization would like to receive routine, non-emergency Health Advisories in addition to emergency Health Alerts. Non-emergency communication may include information on health education, immunization clinics, etc.

NO, my organization would not like to receive routine, non-emergency communication in addition to emergency Health Alerts.