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| **DEPARTMENT OF HEALTH SERVICES**  Office of the Secretary  F-02725 (10/2020) | | | | | | | | | | | | **STATE OF WISCONSIN**  COVID-19 Response Team | | | | | | | | | | | | |
| **APPLICATION FOR COVID CONNECT COLLECTION SITE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Applications must be submitted by the local or tribal health department. If applying for multiple sites, each site requires its own application. Submit application at least 2 weeks in advance of your desired start date to dhscovidtestingprogram@dhs.wisconsin.gov with the subject line: **COVID Connect Application – [Your LTHD Name]** | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Local or Tribal Health Department | | | | | | | | | | | | Partner Organization (if applicable) | | | | | | | | | | | | |
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| Is this site approved for the Testing Pilot Program?  Yes  No  If **yes**, enter UTP # and organization approved:  LTHD  Partner Organization | | | | | | | | | | | | | | | | | | | | | | | | |
| **Collection Site Main Contact** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Collection Site Coordinator | | | | | | | | | Email Address | | | | | | | | | | Phone Number | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Results Reporting Main Contact** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name, (if same as above, write “same”) | | | | | | | | | Email Address | | | | | | | | | | Phone Number | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **SITE OPERATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Location Name | | | | Street Address | | | | | | | | | | | City | | | | | | | | Zip Code | |
|  | | | |  | | | | | | | | | | |  | | | | | | | |  | |
| Initial Start Date1 | | | | | | | | | | | | Number of Lanes2 | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Days of Operation | | Mon. | | | | | Tue. | | | Wed. | | | | Thu. | | | Fri. | | | | | Sat. | | Sun. |
| Hours of Operation | Start Time |  | | | | |  | | |  | | | |  | | |  | | | | |  | |  |
| End Time |  | | | | |  | | |  | | | |  | | |  | | | | |  | |  |
| Expected Volume | |  | | | | |  | | |  | | | |  | | |  | | | | |  | |  |
| Ordering Provider | | | | | | | | | | | | | | | | | | | | | | | | |
| Ryan Westergaard MD, Standing Order  [www.dhs.wisconsin.gov/library/wisconsin-standing-order-dr-westergaard.htm](http://www.dhs.wisconsin.gov/library/wisconsin-standing-order-dr-westergaard.htm) | | | | | | | | | | | **OR** | | Local Provider Name:  NPI: | | | | | | | | | | | |
| **Devices and Operating Systems** | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Phones | | | | | | Number of Tablets | | | | | | | | | | Operating Systems (check all that apply) | | | | | | | | |
|  | | | | | |  | | | | | | | | | | iOS 12.0+  Android 9.0+ | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 Ensure start date is at least 2 weeks after submitting application. Your start date is not guaranteed until it has been confirmed by DHS.  2 The number of lanes should determine your staffing needs. For each test lane you will need at least 2 staff and 3 devices. (two devices to actively use and one for backup).  **Next Steps:**   1. Email Application to [dhscovidtestingprogram@dhs.wisconsin.gov](mailto:dhscovidtestingprogram@dhs.wisconsin.gov?subject=COVID%20Connect%20Application%20–%20) with the subject line: COVID Connect Application – [Your LTHD Name] 2. DHS will reply to confirm the application has been received and arrange next steps. | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received | | | | | | | | Application Number | | | | | | | | | | Date Reviewed | | | | | | |
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| **Provider for Mission Setup** | | | | | | | | | | | | | | | | | | | | | | | | |
| Mission ID | | | | | | | | Start Date | | | | | | | | | | End Date | | | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | | | |
| Lab Selected | | | | | | | | Date Completed | | | | | | | | | | Completed By | | | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **Submitter Account** | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Sent to Lab | | | Sent By | | | | | | | | | Date Lab Confirmed | | | | | | | | | Confirmed By | | | |
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| **Training Material and Onsite Support** | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Training Materials Sent | | | | | Name and Email of Onsite Support Person | | | | | | | | | | | | | | | Completed By | | | | |
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| **License and Login** | | | | | | | | | | | | | | | | | | | | | | | | |
| Requested Date: | | | | | | | | Requested By: | | | | | | | | | | Date Received: | | | | | | |
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| Date Distributed to Collect Site Main Contact: | | | | | | | | | | | | Distributed By: | | | | | | | | | | | | |
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| Comments | | | | | | | | | | | | | | | | | | | | | | | | |
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