



# Healthcare Coalition Drills and Exercises Intent to Participate Form

**Choose one:**

- Statewide Medical and Health Exercise
- Coalition Surge Test Exercise

**1. Name of Organization**

\_\_\_\_\_

**2. Contact Info**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**3. Agency/Facility Type (Check box)**

- Hospital
- Home Health
- Skilled Nursing
- Long Term Care Facility
- Clinic
- Other: \_\_\_\_\_

**5. SLO Disaster Healthcare Coalition (SLO DHCC)**

- a. I have completed and submitted Attachment C: Resource Capabilities of the Governance Structure
- b. I have signed and submitted Attachment D: Participation Agreement of the Governance Structure

**6. I will participate in planning meetings for this exercise**

Please save and submit this form to Denise Yi: [dyi@co.slo.ca.us](mailto:dyi@co.slo.ca.us)