



# San Joaquin County Long Term Care Facility CAHAN User Request Form

This form is used by Long Term Care Facilities, in San Joaquin County, to sign up to receive emergency alerts and messages through the California Health Alert Network (CAHAN).

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
Street
City
Zip Code

**Type(s) of Long Term Care Facility:**

**Residential Facilities:**

- \_\_\_\_\_ Adult Retirement Community
- \_\_\_\_\_ Adult/Children Residential Facility (ARF)
- \_\_\_\_\_ Assisted Living Facility
- \_\_\_\_\_ Continuing Care Retirement Community (CCRC)
- \_\_\_\_\_ Institute for Mental Health (SNF/STP)
- \_\_\_\_\_ Intermediate Care Facility (ICF)
- \_\_\_\_\_ Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
- \_\_\_\_\_ Residential Care Facility for the Chronically III
- \_\_\_\_\_ Residential Care Facility for the Elderly (RCFE)
- \_\_\_\_\_ Skilled Nursing Facility (SNF)
- \_\_\_\_\_ Social Rehabilitation Facility
- \_\_\_\_\_ Sub Acute Care Facility

**Non-Residential Facilities:**

- \_\_\_\_\_ Adult Day Health Care (ADHC)
- \_\_\_\_\_ Adult/Children Day Care Facility (ADCF)

**Other - Please Specify:**

\_\_\_\_\_

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

**Position / Title:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Work Email:** \_\_\_\_\_

**Instructions:** Complete this form and fax to the San Joaquin County Emergency Medical Services Agency 209-468-6725.

**Questions:** Contact Phillip Cook, Disaster Medical Health Specialist, at 209-468-6818 or email pcook@sjgov.org



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

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

Position / Title: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work Email: \_\_\_\_\_

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