



Closed POD Registration form

<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> Renewal	Date: _____
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Organization Information	
Organization Name: _____	
Address: _____	PO Box: _____
City: _____	Zip Code: _____
Phone Number: _____	Fax Number: _____

Primary Coordinator Information	
Name: _____	
Title: _____	Email: _____
Work Phone: _____	Cell Phone: _____

Secondary Coordinator Information	
Name: _____	
Title: _____	Email: _____
Work Phone: _____	Cell Phone: _____

Employee and Client Estimates	
Number of Employees:	
Number of Employees' Family Members*:	
Number of Clients**:	
Number of Clients' Family Members:	
Total	
(Employees, Family Members, Clients, Clients' Family Members):	

* Estimates of family members can be calculated by multiplying the number of employees/clients by 4.

**Applicable only if you plan on dispensing to clients your organization serves.

Additional Information and Closed POD Partner Agreement

To participate in the Closed POD Program and receive medication and supplies free of cost from the County of Riverside Emergency Management Department (EMD), I agree to the following conditions, on behalf of my organization. I understand reimbursement for expenses incurred in participation with this program may not be available. The EMD may terminate this agreement at any time and my organization may terminate at my discretion.

1. Designate a Closed POD Coordinator to work with the EMD.
2. Provide the EMD with the number of employees, family members and clients (if applicable) to receive medication.
3. Update any contact information and Employee and Client Estimates annually, or as information changes.
4. Follow the same treatment algorithms as used in the standing orders provided by EMD.
5. Select a representative from the organization, with proper identification, to pick up medication and supplies from pre-designated pick up site. The organization will provide the EMD with the name of the representative to pick up medications prior to pick up.
6. Instruct the representative to sign for all medications and supplies received.
7. Notify EMD when the medication and supplies reach the facility and if there are any discrepancies between the order and delivery.
8. Designate and train staff responsible for Closed POD activities.
9. Make copies of screening forms, medication information sheets, etc.
10. Be responsible for dispensing medication, distribution of information sheets, and collection of completed screening forms. Screening forms will be returned to the EMD within 48 hours for patient tracking.
11. Return any unopened bottles of medication to the EMD.
12. Agree to make no charge for the medication or for any of the services provided as a part of the medication dispensing.
13. For the purpose of state and/or Federal laws and regulations, maintain and make available all records to the EMD.

Authorized Signature

Name (please print clearly)

Title (please print clearly)

Signature

Date (please print clearly)

Mail or fax completed form to:
Cities Readiness Initiative Coordinator
County of Riverside Emergency Management Department
4210 Riverwalk Parkway, Riverside, CA 92505
Fax: 951-358-7105

Thank you for enrolling to become a Closed POD!