



U.S. PUBLIC HEALTH SERVICE Office of Emergency Preparedness



FORMS MANUAL



INTRODUCTION

The HHS Forms Manual is designed to assist Department of Health and Human Services (HHS) response and support personnel in the proper completion of the forms during a National Disaster Medical System (NDMS) deployment or special event. These forms are referenced and described in the Health and Response System Operations Description Manual, the Management Support Team Operations Description Manual, the Response Teams Description Manual, and the Emergency Operations Center Procedural Manual.

- The HHS Forms Manual is organized into the following Units:
 - Unit I. HHS-100 Series Forms. Forms in this series are used by Emergency Support Function (ESF) #8 representatives in support of the Emergency Support Team (EST), Regional Operations Center (ROC), or the Federal Coordinating Officer (FCO) on national disaster responses or events. These forms and their specific applications are further discussed in the HHS Operations Description Manual.
 - Unit II. HHS-200 Series Forms. Forms in this series are Incident Command System (ICS) forms modified to meet HHS requirements. These forms are still recognizable and can be used by all responders familiar with the ICS family of forms. HHS has embraced and adopted ICS for their response activities. The ICS forms will be used in all Federal health and medical response activities.
 - Unit III. HHS-300 Series Forms. Forms in this series are used primarily by HHS Management Support Team (MST) personnel. There are some additional uses of the 300 series forms in the Federal health and medical system. Additional applications are discussed in the MST and other Response Team Field Operations Guides (FOG).
 - Unit IV. HHS-400 Series Forms. Forms in the 400 series are primarily applicable to the HHS Emergency Operations Center (HHS/EOC) operations. HHS/EOC forms meet specific and general needs for HHS/EOC operations but can be used in other Federal health and medical team applications. There is also applicability to the Regional Emergency Coordination Centers (ECC) as well. Additional applications for these forms are discussed in the HHS Emergency Operations Center Manual.
 - Unit V. HHS-500 Series Forms. Forms in this series are applicable to the Disaster Medical Assistance Team (DMAT) operations within the Federal health and medical response system. Additional applications for these for these forms are discussed in the Response Teams Description Manuals.
 - Unit VI. HHS-600 Series Forms. Forms in this series apply to Disaster Mortuary Operational Response Team (DMORT) activities. Additional applications for these for these forms are discussed in the Response Teams Description Manual.

INTRODUCTION

- Unit VII*. HHS-700 Series Forms. Forms in this series apply to the other HHS health and medical response teams including Veterinary Medical Assistance Teams (VMAT), National Medical Response Team-Weapons of Mass Destruction (MNRT-WMD), and the International Medical Surgical Response Team (IMSuRT). Additional applications for these forms are discussed in the Response Teams Description Manuals.
- Unit VIII*. HHS-800 Series Forms. Forms in this series are used by assisting and cooperating agencies that do not fit in any other category, such as military passenger manifests, Timed Phase Force Deployment List (TPFDL), and Office of Personnel Management (OPM) forms. They are used by HHS and shown in the HHS Forms Manual to provide information on how they are properly completed.

* Please note that Units VII & VIII are still in development, as the necessary forms are not available.

■ Form Availability

- Blank forms are available through the HHS/OEP Office, in Rockville, Maryland.

■ Electronic Forms

- Electronic forms are available on a CD-ROM format from HHS/OEP. Electronic transmission of completed forms via e-mail is an acceptable method of form information transmission. Facsimile transmission is also an acceptable method of transmission of forms. Copies of the original forms should be maintained in the health and medical response team files for verification and to provide a complete record of documentation of all incident- related activities.

■ Form Updates

- Forms in use are maintained in current supply at HHS/OEP. Comments from users on form updates and improvements should be sent through respective team leaders to HHS/OEP Headquarters. Forms and comments regarding revisions will be periodically reviewed by a committee for accuracy and completeness. Changes agreed to will be made through the revision process.

INTRODUCTION

- General Instructions
 - There is a commonality that exists between the completion of all forms. These common elements are followed and are not repeated in each of the forms discussed.
 - Forms should be printed or typed. Neatness and legibility is critical.
 - Do not leave blank spaces on the forms. If no entry is required show either N/A or a " --- --". This will alert the reader that information was not omitted in the completion of the form.

I. ESF#8 RESPONSE FORMS

Forms in this series are used by Emergency Support Function (ESF) #8 representatives in support of the Emergency Support Team (EST), Regional Operations Center (ROC), or the Federal Coordinating Officer (FCO) on national disaster responses or events. Forms located in this section include:

- FEMA 90-129, Request for Federal Assistance
- HHS-101, Task Order
- HHS-102, Task Orders Issued Log
- HHS-103, Task Order Received Log
- HHS-104, Functional Plan

I. ESF#8 RESPONSE FORMS

FEMA 90-129 REQUEST FOR FEDERAL ASSISTANCE

Purpose

Requests for Federal Assistance (RFA) are used to document Mission Assignments (MA) to other Federal departments and agencies to perform work to assist the affected State and local jurisdictions, or to support overall Federal operations.

Preparation

The form is initiated and maintained by the FEMA Federal Coordinating Officer (FCO) as a mechanism to request assistance from other agencies.

Distribution

Once approved the RFA will be distributed to the agency assigned to perform the task with a copy to the FEMA MA Coordinator who will issue the MA number.

REQUEST FOR FEDERAL ASSISTANCE	(1) INCIDENT	FEMA FORM 90-129 01/98	
# (2) FEMA DISASTER RESPONSE NUMBER:	(3) OPERATIONAL PERIOD:	(4) DATE/TIME PREPARED:	(5) PREPARED BY:
(6) REQUESTING UNIT:		(7) SUBMITTED BY:	
(8) ASSISTANCE REQUESTED:			
(9) <i>Internal Reference #</i>	(10) Assistance Requested	(11) Quantity	(12) <i>Date/Time Needed</i>
(13) Deliver To: <u>Name/Address/Phone</u>			
(14) Requestor/Phone #: State Approving Official <small>(if applicable)</small> :			
(15) <u>DESCRIPTION:</u>			
(16) Cost Share: <input type="checkbox"/> Yes <input type="checkbox"/> No See Attached			
(17) Total Cost Estimate: \$		(18) Projected Completion Date:	
(19) Agency POC / Phone #:			
(20) <u>COORDINATION: (FEMA Use Only)</u>			
Type of Assistance	State Cost Share		Fund Citation
Direct Federal Assistance	<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 25%		
Technical Assistance	%		
Federal Operations Support	%		
Mission Assignment Coordinator:			
FEMA Project Officer/Branch Chief (program approval):			
Funds Control (funds review):			
(21) <u>APPROVAL:</u>			
State Approving Official:			
Federal Approving Official:			
(22) <u>OBLIGATION: (FEMA Use Only)</u>			
Mission Assignment #:	Amount this Action:	Date Obligated:	
Amendment #:	Cumulative Amount:	Initials:	
(23) Approval			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. PUBLIC HEALTH SERVICE

Forms Manual

I. ESF#8 RESPONSE FORMS

FEMA 90-129 REQUEST FOR FEDERAL ASSISTANCE

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	Show the specific operational period the plan covers. Generally the RFA will be designed to cover the entire disaster and will not expire within an operational period.
4	Date And Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the request was prepared.
5	Prepared By	Show the name of the person preparing the form.
6	Requesting Unit	Show the specific unit that is initiating the request, i.e., EST ESF#8, ERT ESF#8, etc.
7	Submitted By	Show the specific person developing the report.
8	Assistance Requested	Shows the type of assistance requested.
9	Internal Reference Number	Discrete number assigned by PHS that will provide internal tracking for the request.
10	Assistance Requested	Shows the specific assistance that has been requested i.e. mortuary services.
11	Quantity	The appropriate number of teams to accomplish the mission, i.e., 2 DMORTs.
12	Date And Time Needed	List the specific date (mm/dd/yy) and time (24 hour time) the requested resource is needed.
13	Deliver To	List the specific name and address of the reporting location.
14	Requester Phone	List the telephone contact number of the requester. This number may be used for clarification of essential information.
15	Description	Show a broad description of the desired output.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. PUBLIC HEALTH SERVICE

Forms Manual

I. ESF#8 RESPONSE FORMS

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
16	Cost Share	Will the cost of the mission be shared by other agencies or will it be totally borne by the primary agency.
17	Total Cost Estimate	The total cost of accomplishing the MA.
18	Projected Completion Date	The estimated date for completion of the MA.
19	Agency POC/Phone	Show the specific name of the assigned agency point of contact with telephone number.
20	Coordination (FEMA only)	This will be completed by FEMA and will provide information to the MA assigned agency regarding fund control and distribution.
21	Approval	Signature approving the action by the FCO or State Coordinating Officer (SCO).
22	Obligation (FEMA only)	This portion of the form provides FEMA personnel internal information and controls for the document.
23	Approval	Signature of official approving document.

I. ESF#8 RESPONSE FORMS

HHS-101 TASK ORDER FORM

Purpose

In instances where HHS requires other agencies' resources to assist in completing the MA, a Task Order is completed requesting this assistance. A Task Order is a request for personnel, supplies and equipment issued by HHS to another agency to secure assistance in carrying out the MA.

Preparation

Tasking to other Federal agencies will be done by the EST, ROC or DFO ESF#8 representative. The record of the task assigned will be listed on the HHS-101.

Distribution

Task orders will generally be given orally followed up with a written format on the HHS-102. Completed forms will be distributed to the HHS Region RHA and to the ROC assigned ESF#8 Officer.

TASK ORDER FORM		(1) INCIDENT		FORM HHS-101 01/98	
#	(2) DISASTER RESPONSE NUMBER:	(3) REGION:	(4) DATE/TIME PREPARED:	(5) PREPARED BY:	
(6) MA/LOGIN #:			(7) FUNCTION DESCRIPTION:		
(8) TASK ORDER #:			(9) DESCRIPTION:		
(10) STATE REQUESTOR: PHONE:			(11) STATE APPROVING OFFICER: NAME: PHONE:		
(12) REQUEST FROM STATE:					
(13) TASK ORDERS TO:					
(14) EC or RHA APPROVAL: DATE/TIME PHONE:					
(15) CONCURRENCE/NOTES:					
(16) HHS FUND CITATION: Approp.:					
(17) COST EVALUATION:		MA \$ REMAINING:			
		\$ THIS TASK (-):			
		MA \$ REMAINING:			
(18) DISTRIBUTION:					
<input type="checkbox"/> Regional Office EOC		<input type="checkbox"/> ESF#8 Task File			
<input type="checkbox"/> State Approving Official		<input type="checkbox"/>			
<input type="checkbox"/> ESF-5 OPS		<input type="checkbox"/>			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
Forms Manual**

I. ESF#8 RESPONSE FORMS

HHS-101 TASK ORDER

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Region	Show the impacted HHS Region.
4	Date And Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the request was prepared.
5	Prepared By	Show the name of the person preparing the form.
6	MA/login	Show the MA login number assigned to the task.
7	Function Description	Briefly described the function receiving this assignment.
8	Task Order #	Show the specific task assigned, by number, for the completion of the MA. MAs may have several tasks orders issued to complete an assigned mission.
9	Description	Provide a brief description of the task assigned, i.e. DMORT/Harding Cemetery.
10	State Requester/Phone	Show the name of the State representative requesting the action. A telephone number is listed for clarification, if needed.
11	State Approving Officer/Phone	Show the name of the State official who has approval authority for this action. A telephone number is listed for clarification, if needed.
12	Request From State	Show a detailed description of the resource request, including the reporting locations, point of contact, to whom the resource should be delivered, and the duration of the need for the resource.
13	Task Orders To	List the agency who will be tasked to complete the actions outlined on the form.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
Forms Manual

I. ESF#8 RESPONSE FORMS

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
14	EC or RHA Approval/Phone	Show the name and phone number of the approving HHS EC or the RHA approving the action.
15	Concurrence/Notes	Show any notes and list persons from supporting agencies who are concurring with the action.
16	HHS Fund Citation	Show the appropriate HHS appropriation.
17	Cost Evaluation	Complete the funds expended to date and the percentage of the task to be completed. This serves as a vehicle to ensure sufficient funds remain to complete the task.
18	Distribution	Check the appropriate boxes that will receive the completed form for reference.

I. ESF#8 RESPONSE FORMS

HHS-102 TASK ORDERS ISSUED LOG FORM

Purpose

The Task Order Issued Log provides a quick reference document that shows all tasks HHS issued to supporting agencies for the accomplishment of MAs issued to HHS by FEMA . The form provides a brief description and location of the task, name of agency tasked, contact point, completion date, and estimated cost.

Preparation

The form is prepared and maintain by the ESF#8 representative assigned to the EST, ROC or ERT. It serves as a supporting doument for PHS finance department to corroborate billings received from supporting agencies for tasks performed toward meeting PHS MAs.

Distribution

The document is a working tool and is maintained as long as ESF#8 remains active on the incident.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
Forms Manual

I. ESF#8 RESPONSE FORMS

HHS-102 TASK ORDERS ISSUED LOG FORM

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific geographical area where the response is being made.
4	Date And Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the request was prepared.
5	Prepared By	Show the name of the person preparing the form.
6	Date	List the specific date the task was assigned (mm/dd/yy).
7	Time	List the specific time the task was assigned (use 24-hour time).
8	Task #	List the discrete task number assigned. This should be the same number as assigned on the HHS-102, Task Order form.
9	Tasked Agency	List the specific agency tasked with completion or assistance of the task.
10	Brief Description	Provide a brief description of the task and the location of the task.
11	Contact Point	List a contact point for clarification.
12	Completion Date	Show the actual completion date of the task (mm/dd/yy).
13	Estimated Cost	List the estimated costs at completion of the task assigned.
14	Signature	Show the signature of the individual responsible for the completion and the tracking of the tasks.

I. ESF#8 RESPONSE FORMS

HHS-103 TASK ORDER RECEIVED LOG

Purpose

Provides a record of the tasks HHS received from other ESFs to provide assistance in helping meet the MA from FEMA.

Preparation

The form is prepared and maintained by the ESF#8 representative at the EST, ROC and ERT.

Distribution

The document is a working tool and is maintained and entries are carried forward as long as PHS is assigned to the incident. Completed logs will be preserved in the Document Unit Section at the level originated.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
Forms Manual**

I. ESF#8 RESPONSE FORMS

HHS-103 TASK ORDER RECEIVED LOG

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Response To	Show the specific geographical area where the response is being made.
4	Date And Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the request was prepared.
5	Prepared By	Show the name of the person preparing the form.
6	Date	List the specific date the task was assigned (mm/dd/yy).
7	Time	List the specific time the task was assigned (use 24-hour time).
8	Request #	List the discrete task number assigned. This should be the same number as assigned on the HHS-102, Task Order form.
9	Tasking Agency	List the specific agency tasked with completion or assistance of the task.
10	Brief Description and Location of Task	Provide a brief description of the task and the location of the task.
11	Contact Point	List a contact point for clarification.
12	Completion Date	Show the actual completion date of the task (mm/dd/yy).
13	Estimated Cost	List the estimated costs at completion of the task assigned.
14	Signature	Show the signature of the individual responsible for the completion and the tracking of the tasks.

I. ESF#8 RESPONSE FORMS

HHS-104, FUNCTIONAL PLAN

Purpose

To meet the FEMA requirement of documenting accomplishments of taskings and MAs for the development of daily action plans and assisting FEMA management in decision making.

Preparation

The Functional Plan is developed by the ESF#8 representative at the EST, ROC and ERT.

Distribution

The completed plan is submitted to the Information and Planning Section of the EST, ROC or ERT at the time intervals established by the Planning Section Chief. The Documentation Unit Leader assigned to the MST will maintain a master copy in the permanent incident records.

FUNCTIONAL PLAN	(1) INCIDENT	FORM HHS-104	
#	(2) DISASTER RESPONSE NUMBER:	(3) OPERATIONAL PERIOD:	(4) DATE/TIME PREPARED:
(5) PREPARED BY:			
(6) CONTINUING OBJECTIVES ACCOMPLISHED FOR LAST OPS PERIOD:			
(7) <u>NEW OBJECTIVES FOR THIS OPS PERIOD:</u>			
(8) CRITICAL ISSUES:			
(9) ATTACHMENTS: <input type="checkbox"/> [Include in Action Plan]			
(10) PERSONNEL INVOLVED IN DISASTER OPERATIONS: (include supporting agencies)			
Agency	In DFO	In Field Ops	Total
11. Signature			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
Forms Manual**

I. ESF#8 RESPONSE FORMS

HHS-104, FUNCTIONAL PLAN

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	List the specific name assigned to the incident.
2	Disaster Response Number	List the response number assigned. This number is generally provided by HHS/EOC and is either a HHS number or FEMA Disaster Number.
3	Operational Period	Show the period covering the upcoming operational period.
4	Date And Time Prepared	List the specific date (mm/dd/yy) and time (24 hour time) the request was prepared.
5	Prepared By	Show the first and last name of the person preparing the form.
6	Continuing Objectives Accomplished For Last Ops Period	List the continuing objectives accomplished for the ending operational period that are directly tied to the FCO's operational objectives for that period.
7	New Objectives For This Ops Period	List new objectives that will apply to the planned operational period.
8	Critical Issues	List any significant and critical issues that will affect HHS response resources during this operational period.
9	Attachments	Show the attachments that are to be included as part of the Action Plan developed for the next operational period.
10	Personnel Involved In Disaster Operations	List all personnel, including those from cooperating agencies who are involved with the disaster response effort. Be sure to include support agencies that are not shown elsewhere.
11	Signature	Include the signature of the responsible party for completing the form.