



Thank you for requesting Chicago Medical Reserve Corp (MRC) volunteers to support your COVID-19 response activities. In order for your volunteer request to be fulfilled, follow the steps below:

1. Submit 213RR form directly in EMResources (hospitals, long-term care and dialysis only).
2. If not, EMResources user, submit fillable PDF version of 213RR via email to CDPHPHEOC@cityofchicago.org
3. Complete Medical Reserve Corps (MRC) Request Form and email to Jannita.caine@cityofchicago.org
4. Indicate who would provide liability coverage for volunteer (s) by selecting “requesting agency” or “responding agency” on the MRC form.
5. Provide Job Role Descriptions for Specialties (positions) requested.
6. Identified an Illinois System Administrator that will be responsible for querying organization’s volunteers, receive, track and demobilize volunteers. The appointed person must have a complete registration profile and submit to a national background check via Illinois Helps; www.illinoishelps.net.
7. Your agency’s System Administrator should watched the pre-recorded training, “Illinois Helps System Administrator Training” Webinar via TRAIN Illinois; <https://www.train.org/illinois/course/1084178/>
8. “Create an Account” if the System Administrator does not have a TRAIN Illinois account; <https://www.train.org/illinois>
9. Make sure to designate a contact person(s) to mobilize, train and demobilize volunteer on site.



CHICAGO HEALTHCARE SYSTEM COALITION

FOR PREPAREDNESS AND RESPONSE

RESOURCE REQUEST (ICS 213 RR) - 2018
SEND TO: CDPHPHEOC@CITYOFCHICAGO.ORG

1. Incident Name:			2. Date/Time:			3. Resource Request Number:				
Requestor	4. Order (Use additional forms when requesting different resource sources of supply):									
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	5. Resource Status				
						Received by	Date/Time	Assigned to	Released to	Date/Time
6. Priority:										
<input type="checkbox"/> Life Safety/Immediate (Now) <input type="checkbox"/> Priority (1 Hour) <input type="checkbox"/> Routine (4 Hours) <input type="checkbox"/> Long-Term (12 Hours) <input type="checkbox"/> Extended (24+ Hours)										
7. Requested Delivery/Reporting Location:										
8. Suitable Substitutes and/or Suggested Sources:										
9. Name/Position of Requestor:			Organization/Facility:			Email:		Phone:		
10. Section Chief Approval:										
Logistics	11. Logistics Order Number:					12. Supplier Phone/Fax/Email:				
	13. Name of Supplier/POC:									
	14. Notes:									

1. Incident Name:		2. Date/Time:		3. Resource Request Number:	
15. Approval Signature of Auth Logistics Rep:		16. Date/Time:			
17. Order placed by:					
Finance	18. Reply/Comments from Finance:				
	19. Finance Section Signature:			20. Date/Time:	
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Updated by CHSCPR 06/03/2016; Reviewed by CDPH on 05/17/2017
 If unable to email, please fax the PHEOC at: 312-742-3580

ICS 213 RR Resource Request

Purpose. The Resource Request (ICS 213 RR) is utilized to order resources and track resource status.

Preparation. The ICS 213 RR is initiated by the resource requestor and initially approved by the appropriate Section Chief or Command Staff. The Logistics and Finance/Administration Sections also complete applicable sections of the form.

Distribution. This form is maintained in order to track resource status and assist with determining incident costs.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time	Self explanatory
3	Resource Request #	Self explanatory
4	Order	Specify quantity, item description, cost. Complete resource status section after resource is received
5	Resource Status	Enter applicable resource status fields
6	Requested Delivery/Reporting Location	Enter location requested resource delivery/reporting location
7	Suitable Substitutes and/or Suggested Sources	Enter possible substitute items if exact requested resource is not available. Provide supplier information if known.
8	Requested by Name/Position:	Requestor's name and position
9	Priority	Select Urgent, Routine or Low priority
10	Section Chief Approval	Obtain appropriate Section Chief signature for request
11	Logistics Order Number	Enter Logistics Order Number if applicable
12	Supplier Phone/Fax/Email	Enter resource Supplier's phone/Fax/Email
13	Name of Supplier/POC	Enter name of resource supplier/POC
14	Notes	Any relevant notes regarding the request
15	Approval Signature of Authorized Logistics Rep	Enter approval signature of an authorized Logistics Section representative
16	Date/Time	Self explanatory
17	Order placed by	Enter name of individual who places order for requested resource(s)
18	Reply/Comments from Finance	Any relevant notes regarding the request
19	Finance Section Signature	Enter approval signature of an authorized Finance/Admin Section representative
20	Date/Time	Self explanatory

Medical Reserve Corps Request

CHICAGO MEDICAL RESERVE CORPS - POTENTIALLY TIME SENSITIVE

Date of Request	Time of Request	Email Reply to

Directions for Requesting Agency: Contact the Medical Reserve Coordinator at 312-745-4149 during normal business hours. After hours and weekends contact 312-747-9762 (this is the PHEOC) to inform them of impending Chicago Medical Reserve Corps request. Complete form section below. Save a copy. Email file as attachment to jannita.caine@cityofchicago.org who will then disseminate the request through the Illinois HELPS and Chicago MRC system. Please make sure to address issues with potential cost or liability protection for the volunteers being requested.

Purpose & Use of MRC Request Form: This form is to be used for potential situations which include, but are not limited to, natural, technological, or manmade events, exercises, drills, or other potential situations where Medical Reserve Corps volunteers are needed to assist.

Requesting Agency

Agency Name	Contact Name and Title	
Physical Address of Response Site	Phone Numbers	Email/fax

Description of Event (be specific):

Counties or Regions to contact (or indicate statewide)

Resources Requested

Resource Description (be specific)	Quantity	Time/Date needed by	Duration

Please indicate who would provide liability coverage for the volunteers:	Additional Liability Information:
<input type="checkbox"/> Requesting Agency <input type="checkbox"/> Responding Agency	

Additional considerations or requests	Environmental Aspects for Consideration (optional)

Directions for Responding Agency: Complete form section below. Save a copy. Email file as attachment to the address at top of this form. Requesting Agency will contact you to coordinate resources. **Please return this form even if you cannot provide any requested resources. Do not send staff until you have heard from the requesting agency or the CDPH ESAR-VHP/MRC/Volunteer Manager Coordinator**

Responding Agency

Agency Name	Contact Name and Title	
Phone Numbers	Fax	

Available Resources

Resource Description	Quantity	Notes

Who are the 24/7 contact people from your agency for this request?

Name	Phone	Phone	Email	Fax