

1999 – 2000 HOTRAC Needs Assessment

Instructions: In order to plan for grant requests and identify regional priorities for 1999-2000, current information is needed from each HOTRAC member organization. Please complete the following questions and either mail or fax this form to: Donna George, RN, Ph.D., PO Box 5100, Waco, Texas 76708 fax: (254) 202-4441. **All forms must be received by February 28, 1999.**

The needs of those member organizations that do not submit a completed assessment form by 2/28/99 cannot be considered for funding through grants received by the HOTRAC in 1999-2000. **Completion of the Annual Needs Assessment is a HOTRAC Bylaws Requirement.**

Please type or print your responses:

Name of organization: _____

Mailing address: _____

Phone/fax/email: Phone: _____ Fax: _____ email: _____

Contact person: _____

Population in your service area: _____

Square miles in your service area: _____

EMS SERVICES				
Service Type	# Ambulances	Staffed 24 hours	Crew on Call	Runs per Month
MICU/ALS				
BLS with ALS cap				
BLS				

HOSPITALS			
# Beds	Average Daily Census	Trauma Designation Y/N	Trauma Designation Level

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Equipment Needs				
Equipment	#1 Priority	#2 Priority	Brand preference	Matching Funds Available? Yes or No
Cardiac Monitor/defib				
Pulse oximeter				
AED				
BP Monitor				
UHF Radio				
Stretchers				
Crash cart				
Other				

EDUCATIONAL NEEDS				
Course	# certified	# needing re-certification	# needing certification	Funds available for training? Y/N
ACLS				
PALS				
PPPC				
BTLS				
TNCC				
ECA				
EMT				
EMT-I				
EMT-P				
Other:				