

Genesee County Health Department

Genesee County Care Provider Contact Information

Please FAX completed form to: (810) 257-3018

This form can also be found on the GCHD website at www.gchd.us and e-mailed to aswartout@gchd.us

Genesee County Health Department (GCHD) is updating its emergency communications plan. This will ensure that GCHD distributes information regarding public health concerns to the correct personnel and delivers updates in a timely manner.

We need your help. We are asking you to do the following:

1. Please fill out *all fields* of this form which include:

- a. Contact information for the care provider
- b. Contact information of the office manager/primary contact person

Care Provider Contact Information

Organization
Name: _____

Street Address

Primary Mailing
Address: _____

Address (cont.)

City

State

ZIP Code

Phone: _____

()

Fax: _____

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E-mail Address: _____

Website address: _____

Care Setting:
(Check all that
Apply)

Nursing Home

Assisted Living Facility

Adult Foster Care/Group Home

Hospice

Retirement Community

Home Health Care

Other (specify): _____

Hospital Affiliation:
(if any) _____

Preferred Method
of Contact:

E-mail

Fax

Postal Mail

Office Manager/Primary Contact Person Contact Information

Name: _____

First

Last

Title: _____

Phone: _____

()

Fax: _____

()

E-mail Address: _____