




REQUESTING A RESOURCE




Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

[Home](#)[Resource Request / Orders](#)[User Registration Requests](#)[Reports](#)


What can we help you with?

Search for Resource Request # or MHCC Order # 


Resource Request / Orders



User Registration Requests



Reports

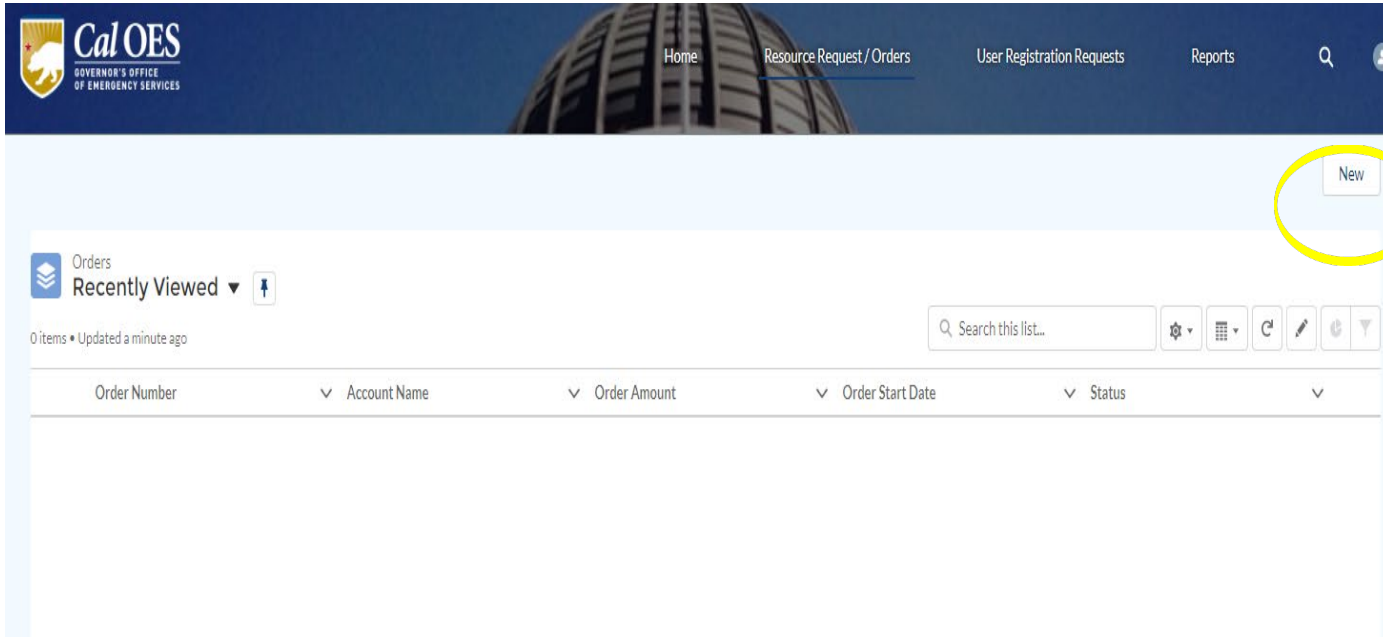


Contact Support

Resource Request / Orders



Step 1: Select the Resource Request/Orders link from the Home Page.



Step 2: Once you have Selected the Resource Request/Orders link, you will be redirected to this page.

Select the “New” button circled in yellow.

MEDICAL RESOURCE REQUEST FORM

INCIDENT INFORMATION

* Incident Name

COVID-19

Other Request # (If Applicable)

* Priority Of Request

--Select--

Mission ID (If Applicable)

Complete this field.

REQUESTER INFORMATION

* Requester First Name

Non-Govt

* Requester Last Name

Non-Govt

Requester Title

* Requester Agency

SOC OPS Non Government

* Requester Email

contributions@caloes.ca.gov

* Requester Phone

(123) 456 7890

* Operational Area

01 - Alameda

DELIVERY INFORMATION

Step 3: Once you have selected the “New” Button, you will be redirected to the “MEDICAL RESOURCES REQUEST FORM”.

Incident Information: Use drop down menu to select the priority of request.

Requester Information: Fill in the information for your association.

DELIVERY INFORMATION

☐ Same as above

* Delivery Recipient First Name

* Delivery Recipient Last Name

Delivery Recipient Title

* Delivery Recipient Email

email@email.com

* Delivery Recipient Phone

(123) 456 7890

* Address Line 1

Address Line 2

* City

* State

CA

* Zip

Delivery Notes

Quick Save

Next

Step 3 Continued: If the contact for delivery is different from the requester, fill out the delivery information completely. If the information is the same, check the “Same as above” box circled in yellow.

If you are unable to fill out the form entirely, select the “Quick Save” button circled in green. If you completed the Form and are ready to move forward, Select “Next” circled in red.

MEDICAL RESOURCE REQUEST FORM

ORDER SHEET

Please indicate the type of resource being requested:

- ☐ Supplies / Equipment
- ☐ Personnel
- ☐ Other

Product Family	Item Type	Quantity Requested (ea)	Item Description	Substitu... OK?	Action
Beds/Cots	Beds/Cots - Unspecit			<input type="checkbox"/>	+ 

Note: Item Description cannot exceed 255 characters

Step 4: Once you have selected the “Next” button, you will be forwarded to the next portion of this form.

Check the applicable boxes and select the appropriate items from the dropdown menus. Identify amount needed, provide a description, and indicate if a substitute for the product requested is ok.

ORDER DESCRIPTION

Describe Mission/Tasks

Actions Taken On This Request So Far

OA/MHOAC must confirm that the verification question in the PH&M EOM have been reviewed and answered.

- ☐ This request meets the submission criteria as stated in the PH&M EOM
- ☐ The creation of this request was in consultation with the RDMHC Program

Previous

Quick Save

Next

Step 4 Continued: Complete the Order Description.

Describe Mission/Tasks: Provide a Justification or a “usage calculation” for the amount of PPE requested. Justification should include the estimated number of employees who will need to use the PPE and number of shifts where the employees will need PPE over the next two weeks, or another specified amount of time.

Actions Taken on this Request So Far: Do not enter anything into this field.

Ignore bottom 2 check boxes and select “Next”.

ORDER SHEET

Please indicate the type of resource being requested:

- ☐ Supplies / Equipment
☒ Personnel
☐ Other

Product Family	Item Type	Quantity Requested (ea)	Item Description	Substitutes OK?
Cloth Masks	Cloth Masks - Unspecified	200	bed	<input checked="" type="checkbox"/>

ORDER DESCRIPTION

Describe Mission/Tasks:

Include number of staff and estimated number of shifts to justify amount requested.

Actions Taken On This Request So Far:

Blank

OA/MHOAC must confirm that the verification question in the PH&M EOM have been reviewed and answered.

- ☐ This request meets the submission criteria as stated in the PH&M EOM
☐ The creation of this request was in consultation with the RDMHC Program

Previous

Quick Save









Submit

Step 5: Once Step 4 is complete, you will be redirected to the review page. You will be able to review your request and make any required changes.

Once you have reviewed the request and verified all data is correct, select submit.

Note: Do not use back buttons, you may lose your data. If you need to go back to the previous page, use the “Previous” button circled in yellow.

You may view the status of your request by logging into the site and selecting “Resource Request/Orders”. You will see the status of your request under “Status” circled in Yellow.

<div><div> Orders</div><div>Recently Viewed ▼ </div></div> <div>1 item • Updated a few seconds ago</div> <div><div>Search this list...</div><div>     </div></div>						
	Order Number	▼ Account Name	▼ Order Amount	▼ Order Start Date	▼ Status	▼
1	CASF-00002298	SOC OPS Non Government	\$0.00	5/18/2020	RDMHS Review	