



### Identified Needs Inventory

In an effort to hear and address the specific needs of your community, please provide our office with information below. This questionnaire does not replace your normal reporting channels.

**PLEASE CIRCLE YOUR AFFILIATION:** COUNTY GOVERNMENT CITY/TOWN GOVERNMENT HEALTH CARE FACILITY  
FIRST RESPONDER SCHOOL SENIOR CENTER OTHER

**Name, title:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**MEDICAL/PERSONNEL PROTECTIVE EQUIPMENT:** Highlight your PPE needs below and insert any that are not listed:

ITEM	ON HAND	NEEDED
N95 Universal Masks		
Surgical Masks		
Gloves		
Gowns		
Goggles		
Face Shield		
Hand Sanitizer		

**COVID TESTS:** Do you have sufficient Covid testing in your medical facilities? Circle One: Yes or No  
*If no, please briefly describe the problem:*

**SUPPLIES:** What items are in low supply (if any)?

Grocery Stores:

Pharmacies:

**ISSUES:** List any specific issues that you need help solving:

**COMMENTS/CONCERNS:** List any additional comments or concerns specific to your area:

If you are a county, it would be helpful to have a list of hospitals, health clinics and senior centers in your area. Please email this sheet to [common\\_sense@manchin.senate.gov](mailto:common_sense@manchin.senate.gov) Call 304-342-5855 and leave a message for help.