



# Vaccine site request process

## Procedure:

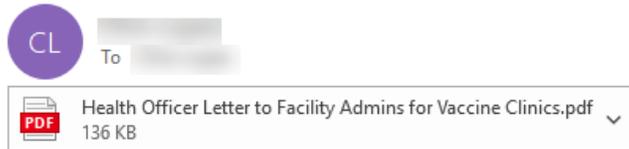
Use this guide to submit a request for a vaccine clinic at a local church or community-based organization. This manual will walk the user through the process of locating, accessing and submitting a request.

## Key Points:

- Must live in L.A. County
- Eligibility must be confirmed
- No Health insurance needed
- Health insurance will not bill you
- Vaccination is free of cost
- Immigration status not shared

**1** Begin by opening the attached letter received on the initial vaccine site request email.

### Vaccination Site Request



Hello, [redacted]  
It was a pleasure speaking with you today. Attached is the letter with an embedded interest form that captures information about your organization. A mobile tea vaccine clinic.

These requests are prioritized by specific zip code in areas of greatest need. If within 1-2 business days. Sites not in these areas may take longer to get a call.

Los Angeles County Department of Public Health  
Cell: [redacted]

**2** After reading the letter, click on the **"Interest Form"** link at the bottom to access and submit the request.

Dear Los Angeles County Priority Group Facility Administrator:

The Los Angeles County Department of Public Health (LACDPH) aims to make COVID-19 vaccines available to everyone in the eligible priority groups as soon as possible. We wanted to provide you with an update on the LACDPH plans for distributing the COVID-19 vaccine to your facility and the surrounding community.

LACDPH is utilizing multiple partners to distribute COVID-19 vaccine to facilities across the county. In addition to our own mobile vaccination teams, LACDPH is working with two third-party entities, Curative and CARE, who manage the end-to-end administration of vaccines including registration of vaccine recipients, vaccine storage/handling, vaccine administration, and meeting data reporting requirements. These entities will bill the vaccine administration fee to the recipient's insurance health plan (or a federal fund if uninsured) so there will be no cost to patients or the facility. Although your facilities are not obligated to use these services, we wanted to make you aware of these resources that could help with vaccinating persons within your facility and the surrounding community.

Over the coming days, LACDPH will contact your facility to assess your interest in scheduling a vaccination clinic with one of our mobile teams. Our mobile vaccination team partners are insured, follow COVID-19 safety protocols, and can provide language services. Once your interest is confirmed, we will send out a small team to conduct a site visit, coordinate logistics, and answer any outstanding questions. As aforementioned, LACDPH will provide vaccine and necessary components for administration. Your assistance will be needed with ensuring eligible facility residents or community members are aware of the upcoming vaccination clinic, as well supplying tables and seating, if possible.

If you are interested in having a mobile vaccine team come out to your site, please complete this form at your earliest convenience: [Interest Form/Formulario de Interés](#). If you have any questions, please email us at [chs@ph.lacounty.gov](mailto:chs@ph.lacounty.gov).

Sincerely,

Muntu Davis, M.D., M.P.H.  
County Health Officer

MD:vs

[Interest Form/Formulario de Interés](#)



**3** After clicking on the enclosed link in the letter the **Interest Form/Formulario de Interés** will appear.



## Interest Form/Formulario de Interés

You were recently contacted by a member of the Los Angeles County Department of Public Health to determine your interest in hosting a mobile vaccination clinic at your site. Please complete this form and our planning team will contact you to provide more information and help answer any of your questions. Thank you for your interest!

If you have any questions, please email us at: [chs@ph.lacounty.gov](mailto:chs@ph.lacounty.gov)

Recientemente, un miembro del Departamento de Salud Pública del Condado de Los Ángeles se comunicó con usted para determinar su interés en coordinar una clínica de vacunación móvil en su sitio. Complete este formulario y nuestro equipo de planificación se comunicará con usted para brindarle más información y responder a sus preguntas. ¡Gracias por su interés!

Si tiene alguna pregunta, envíenos un correo electrónico a: [chs@ph.lacounty.gov](mailto:chs@ph.lacounty.gov)

\* Required

1. What is the name of your organization?

¿Cuál es el nombre de su organización? \*

**4** First type in the name of your organization.



## Interest Form/Formulario de Interés

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1. What is the name of your organization?

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Enter your answer

Type in the name of your organization



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5 Click on the button that corresponds to the correct organization. If selecting **"Other"** type a description of the organization in the free text field.

2. Which of the following best describes your organization?

¿Cuál de las siguientes opciones describe mejor a su organización? \*

- Faith Based Organization/Organización religiosa
- Community Based Organization/Organización comunitaria
- Other

Click button to  
select  
organization

6 Type in the top 3 preferred dates in the free text field. NOTE: You may type in more than three dates if you desire. Vaccination administration teams will try to accommodate one of these dates.

3. Please provide your top three preferred dates for this vaccine clinic.

Por favor proporcione sus tres fechas preferidas para

Enter your answer

Type top 3 preferred  
dates here

7 Type in an estimate of how many total people will receive the vaccination per day. **NOTE:** This estimate may include members of other churches or local organizations that are expected to participate.

4. How many people age 65 or older do you think would participate in this vaccine clinic?

¿Cuántas personas de 65 años o más cree que participarían en esta clínica de vacunas? \*

Enter your answer

Type estimate here

8 Type the names of other churches and local organizations that might participate in the vaccine clinic.

5. If you would partner with other churches/organizations to get more participants, how many churches/organizations total would be advertising this clinic?

¿Si se asociara con otras iglesias/organizaciones para conseguir más participantes, ¿cuántas iglesias/organizaciones en total estarían anunciando esta clínica? \*

Enter your answer

Type response here



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**9** Type in the address where the vaccine clinic will occur.

6. What is the address of the church/organization where you would like the vaccine clinic to take place?  
(Street address, city, zip code)

¿Cuál es la dirección de la iglesia/organizacion donde le gustaría que llevara a cabo la clínica de vacunas?  
(Dirección, ciudad, código postal) \*

**Type desired vaccination address here**

Enter your answer

**10** Type in the name of the contact person vaccine administrators will contact when completing this request.

7. What is the name of the best person to contact to coordinate this vaccine clinic?

¿Cuál es el nombre de la mejor p

**Type name of contact person here**

Enter your answer

**11** Fill out the following demographic information fields: title of contact person, phone number of contact person, and email address of contact person.

8. What is the person's title?/¿Cuál es el título de la persona? \*

Enter your answer

9. Phone Number/Número de teléfono \*

Enter your answer

**Enter in demographic information title, phone number and email address**

10. Email/Correo electrónico \*

Enter your answer



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Enter any additional questions onto free text field. Vaccine administrators will answer all additional questions at the time of consultation. After you enter questions click submit to complete form.

11. Any questions or comments?/ ¿Alguna pregunta o comentario? \*

Enter your answer

Type in any questions regarding the process here

Submit



Never give out your password. Report abuse

## Additional Information:

- All eligible tiers can participate. This includes 65+, Healthcare Workers, Emergency Service Workers, Childcare/Education Workers, Food and Agriculture Workers etc.
- The process may take 3-5 days, however it can be sooner depending on areas of greatest need.
- You should expect a call within 3-5 days from DPH Staff. A subsequent onsite assessment and/or video call to view the space would then be scheduled with the church or community organization.
- The initial call to schedule will come from Curative, CARE, or Fulgent. A letter from the Los Angeles County Department of Public Health can be sent as proof of identification if/when requested.
- Los Angeles Department of Public Health prefers a minimum of 500 participants for each vaccine clinic. If nearby churches are willing to work together, 1000 participants is ideal.

### NOTE\*

#### Liability Indemnification for Churches Act

The liability indemnification for churches act is in effect during the pandemic that indemnifies churches and other locations participating in vaccinations from liability.

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services (the Secretary) to issue a Declaration to provide liability immunity to certain individuals and entities (Covered Persons) against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures (Covered Countermeasures), except for claims involving "willful misconduct" as defined in the PREP Act. Under the PREP Act, a Declaration may be amended as circumstances warrant.

Click the Link below for more information:

<https://www.phe.gov/Preparedness/legal/prepact/Pages/COVID-Amendment5.aspx>