

Emergency Medical Services (EMS) Needs Assessment Grant

Wyoming Department of Health
Public Health Division
Office of Emergency Medical Services

EMS Agency Addendum - please attach to Primary EMS Agency's Application.

This is a fillable form; handwritten forms will not be accepted.

Date

Section I: Partner EMS Agency

*If more than one EMS agency is within the RUCA(s), all additional EMS agencies will be **required** to complete and submit EMS Agency Addendum.*

EMS Agency			
Year Established		Ambulance License	
Service Director			
Physician Medical Director			
Geographical Area Served			
Population Served			
Trauma Region			
Call Volume Per Year		Highest Skill Level Provided	EMT Intermediate Paramedic
Total # of Volunteers		Total # of Paid Staff	
Total # of Stations		Total # of EMTs	

Source 4 **Amount**

Source 5 **Amount**

Source 6 **Amount**

**Outline billing
practices.**

Payor Mix Percentage:

Medicare

Medicaid

Uncompensated

Tribal

Private Insurance

Veteran's Administration

Worker's Comp.

Self Pay

Other (list)

Percentage

Other (list)

Percentage

Section III: Needs Assessment

Provide reasons for effectiveness of services and identify opportunities for improvement.

State concerns with maintaining staff and/or volunteer levels.

**Identify gaps in
emergency medical
services delivery
within service area.**

**Describe concerns
with maintaining
certification levels
of current staff.**

Define current communication system(s) and identify any interruptions.

Discuss demand for services within service area over the last three years.

Explain current relationships with local authorities, local dispatch entity or public safety answering point, health care providers, hospitals, and other emergency response entities.

Outline the method(s) of service evaluation and/or quality improvement practices. Include whether WATRS is being used.

**Outline the
method(s) of staff
evaluation and/or
performance
improvement
practices.**

Section IV: Required Documentation

Letter(s) of support from stakeholders	Attached
Assets and liabilities balance sheet	Attached
Projected next FY budget	Attached

Section VI: Signatures

Once completed, please print application to obtain signatures.

PLEASE NOTE: This application will not be considered without signatures from each authorized signatory from each political subdivision within the RUCAs.

Printed Name	Signature	Political Subdivision	Date
_____	_____	_____	_____
Printed Name	Signature	Political Subdivision	Date
_____	_____	_____	_____
Printed Name	Signature	Political Subdivision	Date
_____	_____	_____	_____
Printed Name	Signature	Political Subdivision	Date
_____	_____	_____	_____
Printed Name	Signature	Political Subdivision	Date
_____	_____	_____	_____
Printed Name	Signature	Political Subdivision	Date
_____	_____	_____	_____

For Office Use Only:

Date Received

Application Number