

DE COVID-19 Vaccination Hub initiation form

Date:

Point of Contact Name:

Title:

Organization/Site Name:

Organization/Site Address:

Phone #:

Mobile #:

Fax #:

Email Address:

Vaccination planning information

What is your initial estimate of administration availability/capacity for the next two weeks? (i.e., # staff vaccinators available for how many hours/day, days/week)

How many doses do you think you would be able to administer per week?

Are you willing to have your site included on a list of Hub providers that will be shared with organizations/groups looking for vaccination partners?

Do you have any existing community partnerships with groups for whom you seek to help vaccinate?

Email completed form to VaccinePlanning@delaware.gov