

Indiana State-Wide Rural Access to Emergency Devices (RAED) Grant Project

AED Placement Form

The Indiana State-Wide Rural Access to Emergency Devices (RAED) Grant Program has determined _____ County is eligible for funding provided by HRSA toward the purchase of an Automatic External Defibrillator (AED) and CPR/AED training. Please supply all requested information and complete the provided questionnaire to assist in the process for determining the placement location for the AED. Completed forms must be submitted via email, fax or mail to the address listed below:

Hoosier Uplands
Attn: Matthew S. Crouch
1602 "I" Street, Suite 2
Bedford, IN 47421
1-800-276-3182
Fax: 812-275-5116
Email: mcrouch@hoosieruplands.org

Please print/type all information.

Contact Information:

Organization: _____

Name and Title: _____

Address: _____

County: _____

Telephone: _____

Email: _____

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List **at least four (4)** individuals other than yourself within your county to serve on a committee lead by yourself for deciding the placement of the AED (individuals should be from different emergency response organizations). Upon receiving this form, the RAED project coordinator will schedule a local meeting with the members of the contact list for the participating county to determine the placement of the AED.

1. Name _____ Title _____
Organization _____
Address _____

Telephone _____ Fax _____
Email _____

2. Name _____ Title _____
Organization _____
Address _____

Telephone _____ Fax _____
Email _____

3. Name _____ Title _____
Organization _____
Address _____

Telephone _____ Fax _____
Email _____

4. Name _____ Title _____
Organization _____
Address _____

Telephone _____ Fax _____
Email _____

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Questionnaire

All information is essential for the determination of necessity for the participating county. Every question must include the necessary information for accuracy. Missing information will ultimately influence the AED placement. Cite any source used for the completion of the questionnaire.

1. Approximately how many AEDs are currently located within the participating county?

2. Approximately how many CPR/AED certified residents/professionals reside within the participating county?

3. What is the average age of the participating county's population (Ex. 54 years)?

4. Approximately how many pre-hospital cardiac arrests occurred in the last year in the participating county?

5. List all first responding agencies, which do not have at least one AED?

6. List all schools (elementary, middle and high schools) within the participating county, which currently do not have at least one AED?

7. List all nursing homes and assisted living facilities within the participating county, which currently do not have at least one AED?

8. Does the participating county have a hospital located within its boundaries?

9. Does a Critical Access Hospital serve the participating county?

10. Does the participating county have an established enhanced 911 dispatching system?
