Dutchess County Department of Health
Mobile Health Unit Application

To apply for consideration to have the DCDOH Mobile Health Unit at your event, please complete this form and submit at least 30 days prior to your event by email to: DOHMobileHealth@dutchessny.gov. Applications will be reviewed and applicants notified within 10 days of application.

Contact Information: **Today's Date** _____

Requestor _____ On-Site Contact (if different) _____

Phone _____ Phone _____

Email _____ Email _____

Event Information:

Date of Event _____ Event Time _____

Event/Organizer _____ MHU Arrival Time _____

Address _____

Parking Location _____

Type of MHU Service Requested: ☐ Clinical ☐ Harm Reduction ☐ Outreach/Education

Other (specify) _____

Who will be participating in this event (audience) ? _____

Specific Services/Activities to be Offered: _____

_____

Site Information:

Do we have permission to bring vehicle to site and have it running during the event? ☐ Yes ☐ No

Does the event organizer require a Certificate of Insurance (COI)? _____

DEPARTMENTAL SECTION TO BE COMPLETED BY MHU COORDINATOR.

Number of staff needed for each category: (not including drivers)

☐ NP ☐ RN/LPN ☐ Licensed Mental Health Staff ☐ Recovery Coach ☐ PHEC

____ Other (please specify their roles) _____

Please indicate if you will need to use: ☐ vaccine/medicine refrigerator ☐ vaccine/medicine freezer

If yes, provide Name & Email of organizer: _____

Signature of Assistant Commissioner or Designee: _____

DBCH Approval: ☐ Yes ☐ No **Date:** _____

Form updated: 08/28/2025

Site Review (to be completed by MHU driving staff):

Is the parking location:

Level?	☐ Yes	☐ No
Paved?	☐ Yes	☐ No
Gravel?	☐ Yes	☐ No
Grass or Dirt?	☐ Yes	☐ No

Please provide any other information about the parking surface: _____

_____

Is there adequate space to:

position/park the vehicle?	☐ Yes	☐ No
open the vehicle slide-out?	☐ Yes	☐ No
Open the vehicle awning?	☐ Yes	☐ No
Utilize the wheelchair lift?	☐ Yes	☐ No

Please provide any other information about space concerns: ___ _____

_____

Is the parking location and access road clear of obstructions? ☐ Yes ☐ No

(Including, but not limited to low-hanging wires or branches, high shrubbery, narrow entry/gate, etc.)

In this location, can the drivers safely access the generator panel and all exterior compartments?

☐ Yes ☐ No

In this location, will clients be able to enter the vehicle from a paved walk or area?

☐ Yes ☐ No

If no, please describe: _____

Additional Parking Guidance/Notes: _____

_____

_____

_____

_____

_____

_____

Site Reviewer's Initials _____ **Site Review Date:** _____