

HEALTH SERVICES +  
DEPARTMENT

Tucson Indian Center



# HSD STAFF

Health Services Director- Phoebe Cager

Grants and Services Manager- Dylan Baysa

Administration Assistant- DeLaine Tyner

COVID-19 Community Health Rep- Reanna Garcia

COVID-19 Community Health Rep- Leslie Van Hoy

Medical Records Clerk- Kathleen Perez



1/31/20

ON JANUARY 31,  
2020, UNITED STATES  
DEPARTMENT OF  
HEALTH AND HUMAN  
SERVICES DECLARED  
A PUBLIC HEALTH  
EMERGENCY  
RELATED TO THE  
COVID-19 OUTBREAK.

3/11/20

ON MARCH 11, 2020,  
GOVERNOR OF THE  
STATE OF ARIZONA  
DECLARED A  
STATEWIDE PUBLIC  
HEALTH EMERGENCY  
RELATED TO THE  
COVID-19 OUTBREAK.



3/16/20

ON MARCH 16, 2020, THE TUCSON INDIAN CENTER BOARD OF DIRECTORS APPROVED THE COVID-19 EMERGENCY PREPAREDNESS & RESPONSE PLAN, AND ADDITIONAL DAILY, WEEKLY AND MONTHLY PLANNING ENSUED AS PANDEMIC UNFOLDED.

3/11/20

IN MARCH 2020, THE TUCSON INDIAN CENTER BEGAN PROVIDING COVID-19 SERVICES TO THE URBAN AMERICAN INDIAN COMMUNITY OF TUCSON AND OTHERS. BELOW IS A DESCRIPTION OF THE PHASES OF COVID-19 SERVICES, PAST, PRESENT AND FUTURE, AS PRIMARILY DELIVERED BY THE HEALTH SERVICES DEPARTMENT.





# PHASES OF TIC COVID-19 SERVICES

- "Respond and Build"
- "Open Clinic"
- "Sustain beyond COVID -19"





# PHASE 1

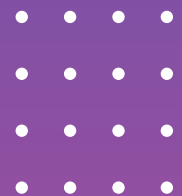
RESPOND WITH INITIAL COVID - 19  
SERVICES & BUILD CAPACITY FOR  
ADDITIONAL COVID-19 SERVICES

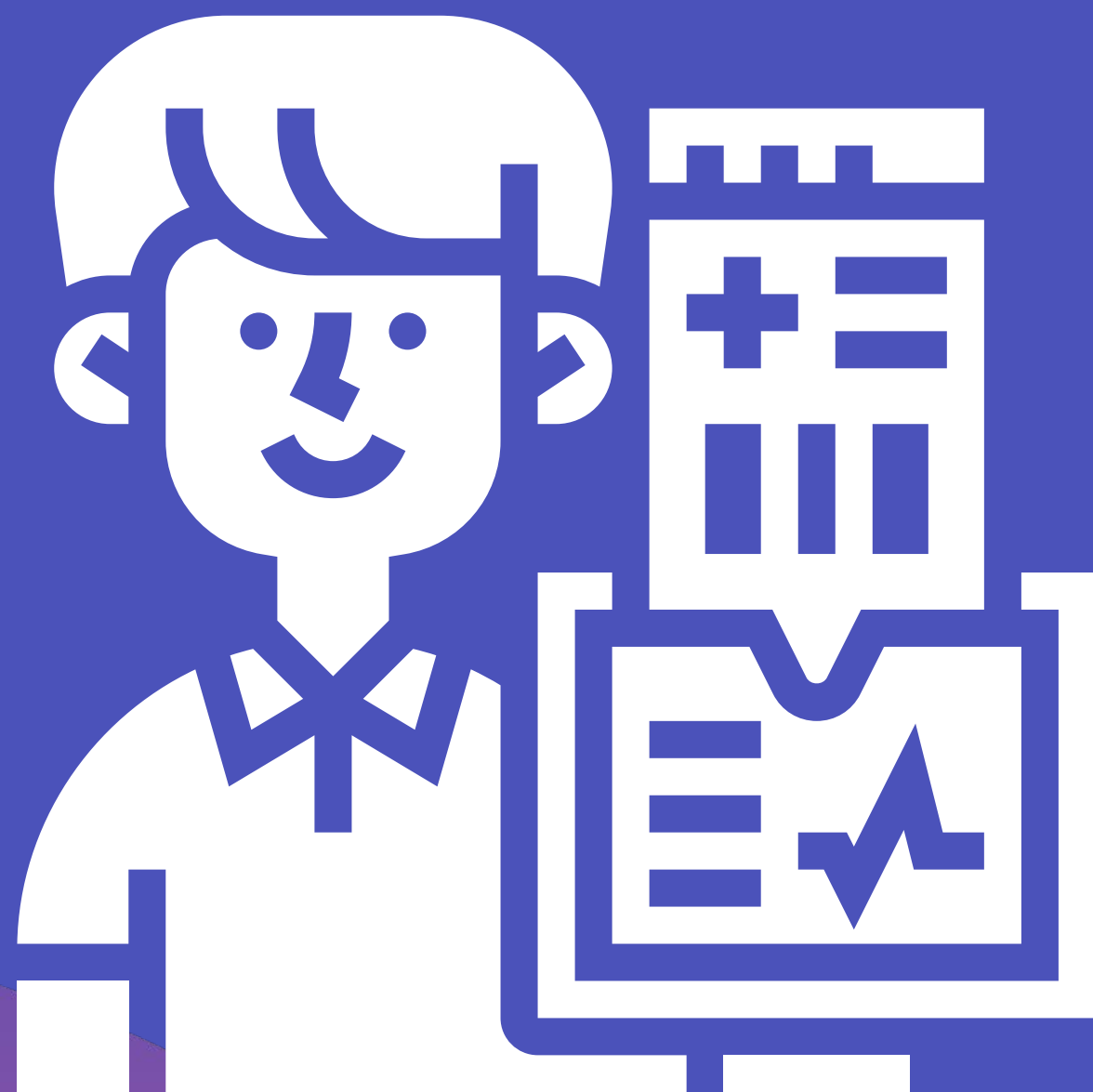




# PHASE 2

RESPOND WITH OPENING THE RODNEY  
W. PALIMO, S.R. CLINIC AND EXPANDED  
COVID-19 SERVICES IN SOFT & HARD  
LAUNCHES





## HSD CURRENT SERVICES +

- Vaccines and Boosters
- Testing
- Transportation
- Care packages & COVID - 19 supplies
- Quarantine support
- Home visits
- Health education
- Wellness checks
- Case Management
- Health Screenings





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# WEEKLY WEDNESDAY VACCINE EVENTS

Wednesday's 3rd Floor Clinic 3-5:30 p

Offering the new variant -specific boosters which target all strains of Omicron

Also offering the Novavax vaccine, but only for first-dose recipients, ages 12 and older

1st and 2nd dose Moderna ages 6 and up, 1st and 2nd dose Pfizer ages 5 and up

Moderna booster ages 6 and up  
Pfizer booster ages 5 and up





# PHASE 3

- Services beyond COVID -19





**New Client Intake Form**  
Health Services Department  
Tucson Indian Center

160 North Stone Avenue, Tucson, AZ 85701 / Phone: (520) 884-7131 / [www.ticenter.org](http://www.ticenter.org)

For Staff Use: TIC staff  Yes  
Chart Number: \_\_\_\_\_

Please submit to the Medical Records Clerk in-person, via mail, or via email at [health@ticenter.org](mailto:health@ticenter.org) the following items:

- 1) A picture of your Tribal enrollment documentation (if applicable)
- 2) A picture of your government-issued identification with your current address

Today's Date: \_\_\_\_\_

Name of Patient to Enroll: \_\_\_\_\_

	Patient Last Name	Patient First Name	Patient Middle Name
Your relationship to patient (circle one):	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Guardian/Parent

	Street	City	State	Zip
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Patient's Email: \_\_\_\_\_

Patient's Cell Phone Number: \_\_\_\_\_

Patient's Gender:  Male /  Female /  Other

Date of Birth: \_\_\_\_\_ Age 18 years or older?  Yes /  No

Tribe Affiliation: \_\_\_\_\_

Tribal Enrollment #: \_\_\_\_\_

**Release Of Information:** For purposes of coordinating and documenting my care, I agree to the release of information about my COVID-19 vaccine services between the Tucson Indian Center and Pima County Health Department, who are partnering together to provide me with COVID-19 services.

**Privacy Practice Acknowledgement:** I acknowledge that I have received a copy of the Tucson Indian Center's HIPAA Notice of Privacy Practice.

**CONSENT FOR ENROLLMENT IN TUCSON INDIAN CENTER SERVICES**

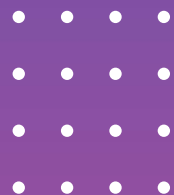
I hereby consent to enroll with the Tucson Indian Center. I understand that my consent & signature authorize Tucson Indian Center, its employees, and its contractors to collect my health history information, perform case management and other services for purposes of providing care to me. I understand that I have the right to consent to or refuse any proposed service.

Patient's Name: \_\_\_\_\_  
(PLEASE PRINT)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature if applicable)

## Enrollment Process

- Enrollment form
- Identification
  - Tribal Enrollment
  - ID Card/Driver's License



# THANK YOU



Tucson Indian Center  
Health Services Department  
160 N. Stone Ave  
(520)884-7131  
[health@ticenter.org](mailto:health@ticenter.org)