**Delaware DCRA Quarterly Form (Fillable)**

This form is for: 1) affirming that there have been no reportable deaths during the most recent reporting quarter; **or** 2) providing an initial notification of reportable incidents discovered during the process of affirming there were no reportable incidents.

How to use this form:

1. For items underlined and in black text (e.g., Name), simply click in the “Click or tap here …” area and type in the answer.
2. For items underlined and in blue text (e.g., Date), click in the “Click or tap here …” then click the down arrow to the right to choose an option.

**Section 1: Data Supplied By:**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone ((xxx) xxx-xxxx): Click or tap here to enter text.

Fax ((xxx) xxx-xxxx): Click or tap here to enter text.

Date: Click or tap to enter a date.

**Section 2**

**IF, WHILE CONFIRMING THERE WERE ZERO REPORTABLE INCIDENTS, YOUR AGENCY DISCOVERED ANY REPORTABLE INCIDENTS THAT OCCURRED THIS QUARTER:**

For each incident, please enter the decedent’s name, date of the incident, and most relevant complaint number: Click or tap here to enter text.

**IF YOUR AGENCY EXPERIENCED NO REPORTABLE DEATHS THIS QUARTER, COMPLETE THE AFFIRMATION STATEMENT:**

*I affirm that no incidents that meet the DCRA reporting criteria in effect for this quarter have occurred for which my agency is responsible for reporting*.

Sign electronically **or** in writing:

Electronic signature (if you wish to add an image of a signature, you may add it here):

Click or tap here to enter text.

Type the full name of the person authorized to sign this Affirmation:

Name: Click or tap here to enter text.

Date of Signature: Click or tap to enter a date.

**OR**

Name of Person Authorizes to Sign (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_