

# EMS Leave Behind Program: Fentanyl and Xylazine Test Strip Kits

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**Eligibility:** I confirm this application is being submitted by an emergency medical service providers, or EMS providers, that provide emergency medical services as an emergency medical responder service provider, non-transporting EMS provider, or ambulance service provider as defined by Wis. Stat. § 110.04(25). \*

Check box to confirm

## Application

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Agency name \*

Program primary contact's first and last name \*

Program primary contact's phone number \*

Program primary contact's email \*

Shipping street address (PO boxes are not allowed) \*

Shipping city \*

Shipping ZIP code \*

Tribal nation/county where strips will be delivered \*

- Adams County
- Ashland County
- Barron County
- Bayfield County
- Brown County
- Buffalo County
- Burnett County
- Calumet County
- Chippewa County
- Clark County
- Columbia County
- Crawford County
- Dane County
- Dodge County
- Door County
- Douglas County
- Dunn County
- Eau Claire County
- Florence County
- Fond du Lac County
- Forest County
- Grant County
- Green County
- Green Lake County
- Iowa County
- Iron County
- Jackson County
- Jefferson County
- Juneau County



Barren County  
Kenosha County  
Kewaunee County  
La Crosse County  
Lafayette County  
Langlade County  
Lincoln County  
Manitowoc County  
Marathon County  
Marinette County  
Marquette County  
Menominee County  
Milwaukee County  
Monroe County  
Oconto County  
Oneida County  
Outagamie County  
Ozaukee County  
Pepin County  
Pierce County  
Polk County  
Portage County  
Price County  
Racine County  
Richland County  
Rock County  
Rusk County  
St. Croix County  
Sauk County  
Sawyer County  
Shawano County  
Sheboygan County  
Taylor County  
Trempealeau County  
Vernon County  
Vilas County  
Walworth County  
Washburn County  
Washington County  
Waukesha County  
Waupaca County  
Waushara County  
Winnebago County  
Wood County  
Bad River Band of Lake Superior Chippewa  
Forest County Potawatomi Community  
Ho-Chunk Nation of Wisconsin  
Lac Courte Oreilles Band of Lake Superior Chippewa  
Lac du Flambeau Band of Lake Superior Chippewa  
Menominee Indian Tribe of Wisconsin  
Oneida Nation  
Red Cliff Band of Lake Superior Chippewa  
Sokaogon Chippewa Community  
St. Croix Chippewa Indians of Wisconsin



Provide the first and last name of the primary contact for data reporting \*

Provide the email address for the primary contact for data reporting \*

Provide the phone number for the primary contact for data reporting. \*

How many fentanyl test strip kits are you requesting through the EMS Leave Behind Program? \*

Plan for one year of supplies. Fentanyl test strip kits include three fentanyl test strips, three mixing tins, three sterile waters, and three 10mg scoops. Final awards will be based on available funding and reasonableness of request for the applicant's service area.

How many xylazine test strip kits are you requesting through the EMS Leave Behind Program? \*

Plan for one year of supplies. Xylazine test strip kits include three xylazine test strips, three mixing tins, three sterile waters, and three 10mg scoops. Final awards will be based on available funding and reasonableness of request for the applicant's service area.

These supplies are not intended to be used in public health vending machines. If DHS has additional supplies remaining after fulfilling application requests, how many fentanyl test strip kits would you request for use in a public health vending machine? \*

Final awards will be based on available funding and reasonableness of request for the applicant's service area.

These supplies are not intended to be used in public health vending machines. If DHS has additional supplies remaining after fulfilling application requests, how many xylazine test strip kits would you request for use in a public health vending machine? \*

Final awards will be based on available funding and reasonableness of request for the applicant's service area.

EMS Leave Behind Program applicants must follow certain terms and conditions. Review the information below and check the boxes to affirm the statements listed. All links open in new windows. \*

- We read and agree with the program requirements of the EMS Leave Behind Program as outlined within this application and the [EMS Leave Behind Terms and Conditions](#).
- We read and agree to the [State Standard Terms and Conditions, DOA-3054A \(PDF\)](#).
- We read and agree to [Appendix II to Part 200 of the Code of Federal Regulations](#).

Signature: I confirm the information provided in this application is accurate to the best of my knowledge. \*

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Sign name using mouse or touch pad

Signature of