



SAFER GROUND HOTEL VOUCHER APPLICATION

SERVICE PROVIDER INFORMATION

Name of Referring Service Provider: _____
(First, Middle, Last, Suffix)

Name of Referring Service Agency: _____

Name of Referring Service Program: _____

Service Provider Phone Number: _____

Service Provider E-mail Address: _____

APPLICANT INFORMATION

Name of Applicant: _____
(First, Middle, Last, Suffix)

Household Size: _____ Date of Birth: _____ Current Age: _____

Applicant's Phone Number: _____ Applicant's E-mail Address: _____

Dates of Requested Stay: _____ to _____ (Up to 30 days initially, 90 day maximum)

COVID-19 SCREENING

Please complete the COVID-19 screening questions below, these questions pertain to the applicant. Individuals with active symptoms of COVID-19 or known exposure should seek medical advice and visit <http://www.acphd.org/2019-ncov.aspx/isolation-housing> to find out more about emergency housing for people who have tested positive for COVID-19, people experiencing symptoms of COVID-19, and people who have been exposed to COVID-19.

Date of Screening: _____

Current Temperature: _____

Do you have a cough? Yes No

Are you feeling feverish? Yes No

Do you have difficulty breathing (worse than usual)? Yes No

Have you been exposed to COVID-19? Yes No

Did you test positive to COVID -19? Yes No

Do you need non-congregate shelter as a social distancing measure?
 Yes No

Do you have any of the following health conditions (check all that apply)?

- Chronic lung disease or moderate to severe asthma
- Serious Heart Condition
- Immunocompromised (including cancer treatment)
- Severe Obesity (BMI >40%)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver Disease
- High Blood Pressure



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FOOD SERVICE SELECTION

Alameda County's Safer Ground Hotel Voucher program offers food delivery options to participants, free of charge to participants. If you would like to opt into the program, please complete the following. Please note that the food program will require access to refrigeration and a microwave. Note that it may take up to 10 days to complete enrollment and get your first delivery.

Would you like to receive food deliveries? Yes No, I decline the food program

If you agree to participate in the food program, please acknowledge the following by **initialing the blanks**. It is possible your participation in the food program may be terminated if these guidelines are repeatedly not followed.

____ Upon delivery of hot or cold food items, I take full responsibility for ensuring they are refrigerated and reheated according to safe food practices.

____ I agree to observe all "best by dates" and "expiration dates" and dispose of all food after the passing of its expiration date.

____ I agree to dispose of all containers and packaging appropriately.

Food allergies: please list _____

Which food option would you like? Note that some options may not be available, depending on hotel location.

Option A: Everybody's Café

Everybody's Café is a San Leandro restaurant and buffet. They will provide a breakfast, lunch and dinner for every day of the week. Food will arrive **hot** in at least two touchless deliveries per week, and participants will be responsible for receiving and refrigerating food and reheating it.

Everybody's Café offers the following dietary options, please select:

Meat option Vegetarian option Gluten-free

Option B: The Town Kitchen

The Town Kitchen is a community-driven food company that employs and trains Oakland youth by delivering chef-crafted meals. Food will arrive **hot** in at least two touchless deliveries per week, and participants will be responsible for receiving and refrigerating food and reheating it. There is no customization of meals for food allergies.

The Town Kitchen offers the following dietary options, please select:

Meat option Vegetarian option



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APPLICATION CHECKLIST:

An application is not considered complete until this form and all of the documents listed below have been submitted. Please submit all documents together as a complete packet.

- Signed HMIS Release of Information
- Completed HMIS Client Profile Form
- Completed HMIS FEMA Intake Form
- Clinical documentation showing evidence of a qualifying medical status for any applicants under 65 years old. For applicants 65 years of age and older, the birth date on this application form will be used to verify clinical eligibility.
- Business Vendor Add/Update Form (for new vendors only)
- W-9 Form (for new vendors only)
- Invoice completed by the Hotel or service agency. Invoices for reimbursement should be submitted every 30 days. No more than 7 days can be paid in advance; for advanced payments invoices can be submitted weekly and should allow for at least 3 business days for the check to be mailed.
 - Detailed receipt from the hotel must be attached if the invoice is from a service agency

Applicant Signature: _____ Date: _____

Print Name of Applicant: _____

As the service provider working with this applicant, I agree to support the applicant throughout their stay. I agree to obtain clinical documentation within 30 days if self-certification is submitted initially. I agree to support the applicant to transition out of the hotel at the end of their stay.

Service Provider Signature: _____ Date: _____

Print Name of Service Provider: _____

FOR HEALTH CARE SERVICES PROGRAM USE ONLY – DO NOT WRITE BELOW

- Application Approved
- Application Denied
- Application Incomplete

Reviewer's Signature: _____ Date: _____

Notes:
