

Fax

To:	TBD	From:	Your Name
Fax:	TBD at EOC?	Pages: (include cover sheet)	Number of pages
Phone:	TBD at EOC	Date	Date
Subject	Oakland Hotel Referral Packet	cc:	Name

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

PROJECT COMFORT ABODE PHONE SCREENING

Screen for exclusionary criteria:

Active suicidal/homicidal ideation? **Yes** **No**

Unaccompanied minor? **Yes** **No**

Referring agency reviewed program rules with patient. **Yes** **No**

Referring agency reviewed intake process with patient. **Yes** **No**

Does the patient have an animal?

Yes **No**

Does patient have verbal control over animal and agree to take responsibility for cleaning up after animal?

Yes **No**

Does patient have leash for animal.

Yes **No**

Alameda County Hotel Screening and Referral Form

Referring Provider Information	
Form Completed By: First & Last Name	Date Completed: Click or tap to enter a date.
Referring Organization/Institution: Click or tap here to enter text.	
Referring Provider's Phone Number: Click or tap here to enter text.	
Referring Provider's Email: Click or tap here to enter text.	
Client Information	
First Name: Click or tap here to enter text.	Last Name: Click or tap here to enter text.
DOB: Click or tap to enter a date.	Gender: Choose an item.
Social Security Number: Click or tap here to enter number.	
Monthly Income: Click or tap here to enter text.	Income Source:
Client Health Insurance	
Covered by Health Insurance? Choose an item.	
If yes, what is their primary insurance? Choose an item.	Other: Click or tap here to enter text.
Secondary Insurance? Choose an item.	Other: Click or tap here to enter text.
Client Contact(s)	
Name: First and Last Name	Phone Number: Click or tap here to enter text.
Relationship to patient: Choose an item.	
Name: First and Last Name	Phone Number: Click or tap here to enter text.
Relationship to patient: Choose an item.	
Risk Assessment	
Is the client actively expressing suicidal and/or homicidal ideations: <input type="checkbox"/> No <input type="checkbox"/> Yes	

At least one of the following in EACH category (Residential and Clinical):

<p>1. Current Residential Status – At least <u>one</u> of the below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Living on the street/places not meant for habitation<input type="checkbox"/> Emergency shelter<input type="checkbox"/> Transitional housing program for individuals experiencing homeless<input type="checkbox"/> Exiting a health care or other institution with no identified residence at time of discharge<input type="checkbox"/> In a congregate living situation (in the last 90 days) with no way to self-isolate AND homeless prior to entry
<p>2. Current Clinical Status – At least <u>one</u> of the below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Positive COVID-19 Test<input type="checkbox"/> Recent contact with someone who has a verified positive COVID-19 test<input type="checkbox"/> Suspected case based on pending test results (awaiting laboratory confirmation)<input type="checkbox"/> Suspected case based on symptoms (fever, cough, AND shortness of breath)

It is important the guests are advised of the rules and intake process **prior** to coming to the hotel. Our goal is to give important information to support their success entering the program. This can only be if you, our referring partners, take time to review at the time of referral.

Please review the following and have the guest sign, confirming they were provided this information.

Intake Process: Please advise your patient that there is an intake process that includes security and screening.

- ✓ Guest are only allowed to bring one 64-gallon bag of belongings.
- ✓ All belongings will be placed in bed bug heaters.
- ✓ One approved companion animal will be allowed. Note: Guest must have a leash for their animal.
- ✓ Guest will be checked by security when they arrive on site. This check will include a metal detector.
 - Only knives smaller than 2 inches will be allowed.
 - No guns or other weapons are allowed.
 - Weapon over two inches will be held securely until discharge.
 - If a gun is found, the police will be contacted.



Safety and Participation Agreement

I understand that I have the following rights as a resident of Operation Comfort: Alameda County.

- _____ The right to be treated with dignity and respect;
- _____ The right to privacy within the constrictions of the hotel
- _____ The right to be treated with cultural sensitivity;
- _____ The right to self-determination in identifying and setting goals;
- _____ The right to receive services only in the context of a professional relationship based on valid, informed consent;
- _____ The right to be clearly informed, in understandable language, about the purpose of the services being delivered, including residents who are not literate and/or have limited-English proficiency;
- _____ The right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law;
- _____ The right to reasonable access to records concerning their involvement in the program.

I understand that I have the following responsibilities as a resident of Operation Comfort: Alameda County.

- _____ I understand that I am required to be in isolation at all times until I am medically cleared to leave. If I leave my room, I am putting other participants and staff at risk.
- _____ I understand that I am required to inform staff immediately if my symptoms get worse.

_____ I understand that the following consequences will occur if I do not adhere to the isolation/quarantine order:

1. If a hotel guest (including household members) is seen leaving the room or allowing someone into their room, they will be verbally warned and reminded of the agreement. Staff will document the warning.
2. If this happens again, they will be given a written warning that they have violated the order and will be reminded of the agreement and told that they will lose certain privileges. Staff will document the warning.
3. If there is a third infraction, law enforcement will be called. If the guest chooses to leave, the guest's former living situation (e.g., shelter or congregate living situation) will be notified that the guest left the isolation location against medical orders and they should not be allowed to return.

_____ I understand that if I use threats, harassment (of any kind), verbal or physical violence (including destruction of property) towards staff, volunteers, or another participant, I may be asked to leave the program immediately.

_____ I understand that no weapons are allowed on the premises. If weapons are brought onto the property, I understand I will be asked to leave the program immediately.

_____ I understand that it is my responsibility to store my medications securely in my room.

_____ I understand that for fire and health safety, smoking (or any tobacco consumption such as chew, e-cigs, etc.) is not allowed inside the hotel, including the outside quads, or near any of the entrances. Residents will be allowed to take breaks according to the Break Schedule posted in the rooms, during which smoking is allowed.

_____ I understand that, if I face a medical emergency, staff will call 911 to access medical assistance for me at my expense. I further understand that staff will share the "emergency information" I provided at intake with the responding emergency personnel. This includes paramedics, fire responders, law enforcement, and any other emergency personnel.

_____ I consent to staff contacting the emergency contact I provided at intake. I may revoke this authorization at any time by submitting a request in writing to the Senior Program Manager. Staff will only discuss with my emergency contact information that pertains to the emergency.

_____ I understand that the staff and volunteers of Abode Services are not responsible for any of my items or belongings that are lost, stolen, or damaged. I have been advised not to keep valuable items or large amounts of money with me at the hotel.

_____ I understand that theft is not tolerated and may result in my being asked to leave the program.

_____ I understand that the furniture provided in my room are placed in accordance with fire safety regulations. I agree not to move, remove, or add furniture to my room.

_____ I understand that hotel staff will not be cleaning my room during my stay and that it is my responsibility to place my bedding and towels in a plastic garbage bag outside my door once per week for cleaning. At that time, I will receive clean linens, and I will be responsible for making my bed, cleaning surfaces, and maintaining the cleanliness of my room otherwise. I agree to return all bed linens, pillows, and towels to hotel staff and to leave my room clean when I exit the hotel. I understand that any personal belongings I leave behind will be thrown away.

_____ I understand that meals will be delivered to my room at 8:00 AM, 12:00 PM, and 6:30 PM and that it is my responsibility to leave my dishes and utensils outside my door for pickup when I am done eating.

_____ I understand in the event of an emergency, I should walk calmly to an exit, staying at least 6 feet away from all other residents, and evacuate the building as quickly as possible. In case of fire, use the clearly marked designated fire exits. Once everyone has reached the assembly site, everyone must report to staff so they can verify that all residents and staff are accounted for.

By my signature below, I _____, acknowledge the information presented in this checklist and agree to the statements above. I have had the opportunity to speak with a staff member about any concerns or questions I have regarding this information.

Participant Signature

Date

Staff Signature

Date