City of Lawrence

Homeless Prevention and Intervention Program

COVID-19 Emergency Response Hotel Triage Screening Tool

All referrals must be made to Sandy Guerrier, City of Lawrence Homelessness Initiatives Coordinator, at [sguerrier@cityoflawrence.com](mailto:sguerrier@cityoflawrence.com), or 978-857-3033.

Purpose:

To provide immediate and short term housing support for individuals in need of safe space to be quarantine. Individuals in need short term immediate shelter. Individuals in need of diversion from literal homelessness. A path into permanent shelter (Front Door, Overnight, Case management, ESG navigation, to refer to facilities that are a more appropriate option than shelter (crisis stabilization, rapid housing); to make appropriate referrals to support services; to divert if possible.

**This temporary placement is not intended to be a long term or city established homeless shelter**

Referral being made By: Date/Time:

Agency/Organization Name: contact Information:

Please select from boxes below type of referral.

#### All information on this document are confidential; it will only be shared with partnership agencies providing services to you. Is this okay with you? Yes No

* All guests must be 18 years old to qualify for a hotel room. All minors need to be accompanied by an adult.
* **The hotel is unable to accommodate individuals who are actively using substances and has no designated smoking areas**

**Client Please Initial in this box if which to continue.**

Symptoms of COVID-19 and how they differ from the flu and seasonal allergies

|  |  |  |
| --- | --- | --- |
| COVID-19 | FLU | ALLERGIES |
| * Fever * Cough * Shortness of breath/difficulty breathing   (symptoms usually occur 2-14 days after exposure) | * Fever * Cough * Sore Throat * Headaches * Body, muscle aches * Runny, stuffy nose * Fatigue | * Sneezing * Cough * Runny nose * Scratchy throat * Itchy, red, watery eyes |

**City of Lawrence**

**Homelessness Prevention and Intervention Program**

COVID-19 Hotel Triage Screening Tool

All referrals must be made to Sandy Guerrier, City of Lawrence Homelessness Initiatives Coordinator, at [sguerrier@cityoflawrence.com](mailto:sguerrier@cityoflawrence.com), or 978-857-3033.

Client Information

Guest’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**HOUSEHOLD COMPOSITION**

If you are with other members of the family, list all who will be living in the unit, not including you. Give the relationship of each family member to the head.)

|  |  |  |  |
| --- | --- | --- | --- |
| Member’s Full Name | Relationship | Age | Sex |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**City of Lawrence**

**Homelessness Prevention and Intervention Program**

COVID-19 Shelter Triage Screening Tool

Please answer the following questions to help us to coordinate services for you before you leave the hotel.

1. Are you currently homeless? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No
2. Do you have a home/place to return to following your stay here at the hotel? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
3. Do you have any special dietary needs? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you need any physical accommodations? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pleas list any basic needs that you may need while in the hotel (such as diapers)

**Please read rules and regulations carefully. If you agree to the terms and regulations, please sign on the signature space provided at the bottom of the page.**

**As a guest of the City, we trust you will follow the rules of the Doubletree Hotel.**

**While a guest at the Double Tree Hotel, you understand that you are subject to the rules of the hotel listed below:**

1. **All guest must be available to meet with case manager during their time at the hotel to work on exit plans**
2. **Parents or escorts are responsible for the actions of their children while on the hotel premises.**

***A nightly curfew is enforced of 8PM in which all children must be in their guest rooms and keep conversation levels low so that you are not disturbing your neighbors.  It is the parent’s responsibility to monitor the behavior of their children while at the hotel.  We will ask the group contact to assist the hotel to maintain a respectful atmosphere for all guests.***

1. **Room types are not guaranteed.** Four guest maximum per room
2. Any damages left to the hotel room will be the guest's responsibility
3. **No smoking inside the hotel public spaces or guest rooms**
4. Guests need to maintain respectful levels of noise at all times

**COVID-19 Restrictions**

1. Social distancing guidelines will be strictly enforced - six feet distance between guests and no gatherings of over ten people  
2. For the safety of all of our guests the pool is closed indefinitely   
3. For the safety of all of our guests the restaurants will not be open for sit down dining  
4. No banquet spaces will be available for use

**Client Signature: Date:**

**Refers Signature: Date:**