Attachment A

**Ho Hum Reservation Form**

To be completed by agency and emailed to: hohumreferral@champlainhousingtrust.org

Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Household Name (HH): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HH Date of Birth: \_\_\_\_\_\_\_\_\_\_ HH Phone Number: \_\_\_\_\_\_\_\_\_\_

Number of Adults in household: \_\_\_\_\_\_\_\_\_\_ Number of Children: \_\_\_\_\_\_\_\_\_\_

(Please list names and Date of Birth for **ALL** guests in margin or on back)

Service Animal? \_\_\_ Yes \_\_\_ No Does Animal Have Paperwork? \_\_\_ Yes \_\_\_ No

Medication Assisted Treatment (MAT)? \_\_\_ Yes \_\_\_ No Type of MAT: \_\_\_\_\_\_\_\_\_\_

Releases Signed? Home Clinic \_\_\_ Howard Center \_\_\_

* Release forms need to be signed for Howard Center Chittenden Clinic to communicate with the household’s home clinic (if not Chittenden Clinic) **AND** for Howard Center to communicate with Champlain Housing Trust in order to facilitate guest dosing. Household should also contact their home clinic, if not Chittenden Clinic, to report need for guest dosing.

Check In Date: \_\_\_\_\_\_\_\_\_\_ Check Out Date: \_\_\_\_\_\_\_\_\_\_

Staff person Authorizing Stay:

Does the household have an existing case manager providing services and support? \_\_\_ Yes \_\_\_ No

If so, Case Management Services to be provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you called to confirm room availability? If not, please call Ho Hum at 802-233-8922.**

***To be completed by Champlain Housing Trust and returned to staff person authorizing stay.***

**For guests above:**

Check In Date: \_\_\_\_\_\_\_\_\_\_ Check Out Date: \_\_\_\_\_\_\_\_\_\_

Reason for check out:

\_\_\_ End of authorized stay

\_\_\_ Violation of guest rules

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_