

# Brattleboro COVID-19 I/Q Housing Site

at Motel 6

Motel 6  
1254 Putney Road,  
Brattleboro, VT 05301

## Guest Criteria

Isolation, Quarantine & Recovery guests of the Motel 6 Brattleboro meet the following criteria:

- ✓ Are symptomatic and suspected of having COVID-19 but do not require hospital care; **or**
- ✓ Have been exposed to COVID-19 and have been assessed as high-risk for being COVID-19+ by a medical provider; **or**
- ✓ Test positive for COVID-19 (confirmed case) with minimal or no symptoms; **and**
- ✓ Require self-isolation due to risk of infecting others during recovery and have no other suitable place to self-isolate; **and**
- ✓ Do not require hospital level of care (may be discharging from a hospital or referred directly from current housing); **and**
- ✓ Do not require assistance with daily living and can self-evacuate the building if needed.

For individuals suspected or at high risk for being COVID-19+, referrals are only accepted from:

- DCF Economic Services Division (ESD), **or**
- Vermont Department of Health, **or**
- A physician or health center.

## How to Make a Referral

1. Referring agency will initially assess whether the individual meets the criteria for admission at the site. Guests of COVID-19 isolation, quarantine, and recovery housing meet the criteria listed above.
2. Referring agency will ensure that they have what they need to complete the referral via phone:
  - a. Permission from the client to make the referral
  - b. Access to the client during the referral conversation (conference call or sitting in the same room at a safe distance) to help answer questions.
3. To initiate a referral, please call or text AHS COVID I/Q Site Lead, Beth: 802-760-9790 or the On Site staff at 802-760-9513. You will be asked to complete and send the following to the COVID I/Q Motel 6 site email: AHS.COCOVIDHousing@vermont.gov
  - a. A scanned copy of photo ID or, if the guest has no photo ID, a photo of the guest; **and**
  - b. AHS COVID I/Q/Motel 6 Brattleboro Reservation Form (Attachment A); **and**
  - c. Signed Guest Agreement Form (Attachment B); **and**
  - d. AHS HIPAA form (Attachment C); **and**
  - e. If the individual does not have a primary care provider in the Brattleboro area and is willing to have Brattleboro Memorial Hospital take on that role while they are staying at Motel 6 Brattleboro, please let us know and we can provide that form as well **and**
  - f. **If** the individual has tested positive for COVID-19, a confirmation of testing.
4. **Please do not send guests to the site until you have received confirmation of reservation.** Upon receiving all required information/documentation and determining that the individual is accepted at the site, AHS COVID I/Q staff will confirm the reservation, ensure that the guest and Motel 6 staff are both prepared for arrival. All guests must arrive after 10 a.m. and before 9 p.m.

5. AHS COVID I/Q staff with Brattleboro Memorial Hospital will work to arrange telehealth care for individuals if they are not arranging their own care.
6. For guests' with their own Primary Care Providers, they will work with AHS COVID I/Q staff and Brattleboro Memorial Hospital staff in the discharge process to provide final authorization that staff can discharge guests.

## **Referral Checklist – Information to Have Available**

During the referral process, the referring agency will be asked to provide the following information (as available) from the potential guest to support staff in assessing appropriate placement.

- Guest Name
- Date of Birth
- AHS Release of Information
- Are they on Medication Assisted Therapy? (this is not a barrier, just important)
- Living situation – what is the reason why they do not have a place to self-isolate? Where will they return to when they recover?
- Date of test – place and verification of positive result
- Date of onset of symptoms, if known
- Current symptoms
- Ability to care for self – for example ambulating, doing personal laundry, driving, taking medications, managing any chronic conditions
- Supply of medications – will they have at least 14 days with them when they arrive? If not, who orders their prescription?
- Are there any safety plans in place that we need to be aware of?

**Please do not send guests to the site until you have received confirmation of placement from the AHS COVID I/Q staff for Motel 6 Brattleboro.**

## AHS COVID I/Q Motel 6 Brattleboro Reservation Form

7. To be completed by agency and emailed to: AHS.COCOVIDHousing@vermont.gov

Referring Agency: \_\_\_\_\_

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

HH Date of Birth: \_\_\_\_\_

HH Phone Number: \_\_\_\_\_

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

Ages of Children: \_\_\_\_\_

Service Animal?  Yes  No

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 AHS COVID I/Q staff at 802-760-9513**

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***To be completed by Brattleboro on site I/Q staff and saved in the guest's on-line chart.***

**For guests above:**

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

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

Reason for check out:

End of authorized stay

Violation of guest rules

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

## **COVID I/Q Motel 6 Brattleboro Guest Agreement: Your Rights and Responsibilities**

**Please call the front desk, dial 0 or 490-2907 if you have a Motel related need. For all COVID related needs please call 862-6244. For true Emergencies, dial 9-1-1**

### **Criteria**

In order to be a guest at the Motel 6 Brattleboro COVID I/Q site you must:

- Be suspected of being positive for COVID-19, be at high-risk, or have tested positive for COVID-19
- Be able to manage your own activities of daily living
- Have no other suitable place to self-quarantine/isolate (to support healthy recovery and prevent infecting others)
- Be able to follow Responsibilities as listed below
- **Choose to be here** (isolating at this site is voluntary) and agree to the rules if you choose to stay.

### **Your Rights: What you can Expect from Us**

We are glad that you are here and you can expect the following from us:

- Supportive staff on site and available by telephone to help ensure your needs and the needs of others are met  
Clean bedroom and bathroom when you arrive, and supplies to keep it clean
- Laundry services, as needed (call the on-site staff to arrange)
- Food delivered to your room daily.
- Security onsite to ensure that it is a safe environment for you and others (this applies to others in I/Q status with you upon arrival)
- Access to a healthcare provider and to testing
- Personal protective equipment including a face mask, gloves and room cleaning supplies.

### **Your Responsibilities: What we Expect from You**

For your health and safety and the health and safety of others, we ask you to accept the following responsibilities. If you do not act according to these responsibilities, you may be asked to leave:

#### **Health and Wellbeing**

- You are responsible for your own health. Please pay attention to how you are feeling and let your medical provider know if you start to feel ill and we will help you get the medical care you need.
- Please maintain personal hygiene.
- Please keep your room clean, and clean up after yourself, using disinfecting supplies to clean surfaces every day.
- If you are on Quarantine status, you will:
  - Always wear a face mask when you are around others.
  - Adhere to the designated outside space with distancing out of respect for others
- If you are on Isolation status then you agree to remain in your room until such time that you are cleared from such by a healthcare provider.
- Please take care of yourself, rest to support your recovery, and remain safe.
- Please be respectful of others, including other guests, staff, and volunteers.

## Staying at the Motel 6

- While you are staying at the Motel 6, you must remain onsite at all times. Visitors are not permitted except as pre-arranged with the AHS COVID I/Q on site staff, for deliveries to be dropped off outside of the Motel office or AHS COVID I/Q staff room.
- You may go outside for fresh air onsite on the premises so long as you maintain a distance of at least six feet from others who may be outside. Please wear a mask when outside, to protect the health of others. You are required to stay on the premises, and that is monitored by staff. If you have children with you, they must be supervised at all times while outside. This includes remaining in designated areas on site and in accordance with the above expectations.
- Alcoholic beverages may not be consumed outside of rooms.
- Smoking is not permitted in the rooms. You will be asked to leave and may be subject to a \$100 charge if there is smoking in your rooms. You may smoke outside with room doors closed and ten feet away from the building. Please refer to the designated smoking area or inquire upon entry.
- In-room local phone service is available.
- All rooms include a mini-fridge and microwave. Guests may not use their own cooking devices, including hot plates and electric fry pans, within any room of the premises and may not use any open flame cooking device on the premises, including grounds and decks.
- No pets are allowed. Service animals assisting persons with disabilities are permitted.
- Registered sex offenders are not permitted to stay due to the vulnerability of other guests and will be asked to leave if found to be on the registry.
- If you decide to end your stay at the Motel 6, we can arrange transportation to a reasonable destination within the State as long as your period of self-isolation and quarantine meets health care recommendations. **Once you leave the Motel 6, you may not be able to return.**

## Behavior

- If you are required to follow certain restrictions or conditions from other programs, you are expected to follow them here.
- If you are found to be selling drugs on the property, we will notify the police, and obtain a no-trespass order.
- Weapons, violence and threatening behavior, including verbal sexual harassment, are not allowed.
- You must be clothed and have shoes or slippers on at all times.
- If you violate these guest rules, you may be asked to leave.

## Personal Items

- Please take with you any items that you bring.
- The Motel will not be responsible for any items left behind.
- If you will need cigarettes or alcohol during your stay you are welcome to bring these items with you. Please do NOT smoke in the rooms, ashtrays or areas can be designated.

**By signing below I agree that I have read this agreement and understand my rights (what I can expect from the AHS COVID I/Q Motel 6 Brattleboro) and my responsibilities (what is expected of me, and that I must follow) that are listed above.**

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

Guest Name \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



Name of Individual Served:

DOB:

Parent/Legal Representative (if applicable):

I give my permission for the following organizations to exchange my protected health information with the providers and agencies I have listed below for the purpose of care coordination (check all that apply):

- Agency of Human Services (including the Dept. of Health and the Dept. for Children and Families)
- Brattleboro Memorial Hospital
- Housing Assistance Provider (name and contact):
- Primary Healthcare Provider (name and contact):
- Mental Health Provider (name and contact):
- Substance Abuse Counselor (name and contact):
- Other Healthcare Provider (name and contact):
- Specialty Care Providers (name and contact):
- Other (name and contact):

I give my permission for the following types of information to be shared:

- All medical and clinical information including treatment plans.
- Only medical and clinical information, including treatment plans, relevant to COVID-19.
- Other:

The purpose of the disclosures authorized in this consent are (check all that apply):

- Coordinate services for testing and treatment.
- Coordinate housing.
- Other:

By signing this form, I understand:

- The reason(s) I am being asked to release information.
- I do not have to consent to the release of this information.
- Signing this authorization is voluntary.
- If I am authorizing AHS to share information about **HIV-related or alcohol or drug treatment information**, the recipient may not share this information with others unless permitted to do so under state or federal law.
- Other types of health information used and disclosed in this authorization may be subject to re-disclosure and no longer protected under state or federal law.
- I may revoke this authorization at any time except to the extent that it has been acted upon. To revoke this authorization, I must write to the Vermont Department of Health, 108 Cherry Street, P.O. Box 70 Burlington, VT 05401.
- If I do not revoke this authorization it will be in effect until \_\_. If no date is given this authorization will expire a year from the date signed.
- I will be provided with a copy of this form.

All items on this form have been completed and my questions about this form have been answered. A photocopy of this release shall be as effective as a signed original.

Signature of Individual or Parent/Legal Representative	Relationship to Client	Date



Attachment D

**Brattleboro Memorial Hospital – Patient Registration Form as needed**

If the individual (potential guest) does not have a primary care provider in the Burlington area and is willing to have the Brattleboro Memorial Hospital take on that role while they are staying at the Motel 6 , please let us know and we will make sure that you have the necessary paperwork for that.