

## Masengami mpo na Bapaya

Bato oyo bazali Komifandela, Bazali na Quarantaine & bazali kobika oyo bafandi na Ho Hum basengeli kokokisa masengami oyo:

- ✓ Bazali na bilembo ya COVID-19 to bakanisi ete bakoki kozala na maladi wana kasi ezosenga te monganga alandela bango; **to**
- ✓ Bazalaki pene ya moto ya COVID-19 mpe monganga moko alobi ete baza na likama na makasi ya kozala na COVID-19+; to
- ✓ Bakangi yo na COVID-19 sima ya kosala ekzame (endimisami oza na yango) pe oza na bilembo mingi te to bilembo eza te; **mpe**
- ✓ Esengeli omifandela mpo na likama ya kopesa yango na bato mosusu na ntango ozobika mpe oza na esika mosusu ya malamumu ya komifandela; **mpe**
- ✓ Oza te na mposa minganga balandela yo (mbala mosusu obimi na hopital to esika ozalaki kofanda nde batindi yo awa); **mpe**
- ✓ Oza te na mposa ya lisalisi mpo na bomoi ya mokolo na mokolo mpe okoki kobima libanda yo moko soki esengisami.

Mpo na bato oyo bakoki kozala to bazali na likama makasi ya kozala na COVID-19+, tokondima bango kaka soki batindami na:

- DCF Ministere ya Misala ya Nkita (ESD), **to**
- Ministere ya Kolongonu ya Nzoto ya Vermont, **to**
- Munganga to hopital.

## Ndenge ya Kosala Bosengi

1. Lisanga oyo ezosala bosengi ekotalela nanu soki moto yango akokisi masengami mpo andimama na esika na biso. Bapaya ya COVID-19 oyo bazali komifandela, na quarantaine to bazobika oyo bafandi esika na biso basengeli kokokisa masengami eza na likolo.
2. Lisanga oyo ezosala bosengi bakosala nyonso mpo bazala na nyonso esengeli mpo basala bosengi na telephone:
  - a. Ndingisa ya kiliya mpo basala bosengi
  - b. Kozala elongo na kiliya ntango bazosolola masolo ya kosala bosengi (na video-conference to bafandi esika moko na distance ya malamumu) mpo na kosalisa na kopesa biyano na mituna.
3. Mpo na kobanda kosala bosengi, tosengi yo obenga Basali ya Ho Hum na: 802-233-8922. Bakosenga yo otondisa makambo elandi mpe kotinda yango na email na Ho Hum: [hohum@champlainhousingtrust.org](mailto:hohum@champlainhousingtrust.org):
  - a. Kopi moko karte ya identité na photo oyo o scanner to, soki mopaya aza te na karte ya identité na photo, foto na ye; **mpe**
  - b. Formilere ya Ho Hum ya kokanga esika (Eloko ya kobakisa A); **mpe**
  - c. Formilere ya Ndingisa ya Mopaya oyo atie maboko (Eloko ya kobakisa B); **mpe**
  - d. Formilere HIPAA ya Champlain Housing Trust (Eloko ya kobakisa C); **mpe**
  - e. Soki moto yango aza na hopital oyo esungaka ye na Burlington mpe andimi ete Community Health Centers of Burlington ezwa mokumba wana ntango azofanda na Ho Hum, tosengi bino botinda mpe

Formilere ya Kokomisa moto ya maladi ya Community Health Centers of Burlington (Eloko ya kobakisa D); **mpe**

- f. **Soki** bakangi moto na COVID-19 sima ya kosala ekzame, pesa elembeteli ya ekzame yango.
4. **Tosengi bino botinda te bapaya na esika na biso kino bakozwa confirmation ya kokanga esika.** Soki basali ya Ho Hum bazwi bansango/mikanda nyonso oyo esengami mpe bamoni ete moto yango andimami na esika na biso, bakotinda confirmation ya kokanga esika, mpe bakozwa bibongiseli mpo ete basali ya Ho Hum na mopaya babongama mpo na boyei wana. Bapaya nyonso basengeli kokoma sima ya 10 a.m. kasi liboso ya 9 p.m.
  5. Basali ya hopital na Community Health Centers ya Burlington bakoyokana mpo na kobongisa lisalisi ya mosika mpo na bapaya soki bango moko bazwaki te bibongiseli wana.
  6. Lopitalo ya liboso-liboso oyo esalisaka bapaya elongo na basali ya Community Health Centers ya Burlington bakosala elongo mpo na kopesa ndingisa ya suka mpo epesa basali nzela ya kobimisa bapaya.

## **Makambo ya Kolandela mpo na bosengi – Bansango esengeli Kozala na yango**

Na ntango ya kosala bosengi, basali oyo bakosalisa bakosenga lisanga oyo ezosala bosengi na kopesa bansango elandi (soki ezali) mpo na mopaya mpo na koyeba esika ebongi ya kotia ye.

- Kombo ya Mopaya
- Dati ya mbotama
- Osi otondisa formilere ya kokabola bansango na Champlain Housing Trust mpe na centres de santé communautaire ya Burlington, to okoki kotondisa yango sikoyo? (Ya munoko mpe/to ya kokoma)
- Bazali kozwa nkisi oyo esengaka lisalisi ya munganga? (ezali epekiseli te, kasi eza ntina)
- Esika ofandaka – Mpo na nini baza lisusu te na esika ya komifandela? Bakozonga esika nini soki babiki?
- Dati ya ekzame – esika mpe elembeteli ya resultat elobi maladi eza
- Dati bilembo ebandaki, soki eyebani
- Bilembo ya sikoyo
- Makoki ya komibatela – na ndakisa kotambola, kosokola bilamaba ye moko, kokumba, komela bankisi, kolandela maladi oyo esilaka te
- Bankisi – Bayei na bankisi oyo ekosalisa ata na eleko ya mikolo 14 ntango bakomi? Soki te, nani akosalela demande na yango?
- Eza na makambo ya libateli oyo basi bazwa oyo tosengeli koyeba?

**Tosengi bino botinda te bapaya na esika na biso kino bakozwa confirmation ya esika ya kofanda euti na Ho Hum.**

# Ho Hum Motel

COVID-19 Isolation, Quarantine & Recovery Accommodations

Ho Hum Motel 1660 Williston Road, South Burlington, VT 05403
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## Guest Criteria

Isolation, Quarantine & Recovery guests of the Ho Hum 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

7. 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.
8. 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.
9. To initiate a referral, please call Ho Hum Staff at: 802-233-8922. You will be asked to complete and send the following to the Ho Hum referrals email: hohum@champlainhousingtrust.org:
  - a. A scanned copy of photo ID or, if the guest has no photo ID, a photo of the guest; **and**
  - b. Ho Hum Reservation Form (Attachment A); **and**
  - c. Signed Guest Agreement Form (Attachment B); **and**
  - d. Champlain Housing Trust HIPAA form (Attachment C); **and**
  - e. If the individual does not have a primary care provider in the Burlington area and is willing to have the Community Health Centers of Burlington take on that role while they are staying at the Ho Hum, please also send the Community Health Centers of Burlington Patient Registration Form (Attachment D); **and**
  - f. **If** the individual has tested positive for COVID-19, a confirmation of testing.

10. **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, Ho Hum staff will confirm the reservation, ensure that the guest and Ho Hum staff are both prepared for arrival. All guests must arrive after 10 a.m. and before 9 p.m.
11. Clinical Staff with the Community Health Centers of Burlington will work to arrange telehealth care for individuals if they are not arranging their own care.
12. Guests' Primary Care Providers and Community Health Centers of Burlington staff will participate 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
- Do you have an existing Release of Information with the Champlain Housing Trust and Community Health Centers of Burlington, or can you complete one now? (Verbal and/or written)
- 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 Ho Hum.**

Eloko ya Kobakisa A

## Formilere ya Kokanga Esika ya Ho Hum

Lisanga nde ekotondisa mpe ekotinda yango na: [hohum@champlainhousingtrust.org](mailto:hohum@champlainhousingtrust.org);  
[mohler@champlainhousingtrust.org](mailto:mohler@champlainhousingtrust.org); mpe [etaylor@champlainhousingtrust.org](mailto:etaylor@champlainhousingtrust.org)

Lisanga oyo Ezosalisa: \_\_\_\_\_

Kombo ya Mokonzi ya Libota (HH): \_\_\_\_\_

Dati ya Mbotama ya HH: \_\_\_\_\_

Nimero ya Telefone ya HH: \_\_\_\_\_

Motango ya Mikolo oyo baza na libota: \_\_\_\_\_ Motango ya Bana: \_\_\_\_\_

Mbula ya Bana: \_\_\_\_\_

Niama ya Kosalisa? \_\_\_ Ee \_\_\_ Te

Dati ya Koya: \_\_\_\_\_

Dati ya Kokende: \_\_\_\_\_

Mosali Oyo Azopesa Nzela ya Kofanda:

Libota wana eza na mokambi likambo oyo asalisaka mpe asungaka bango? \_\_\_ Ee \_\_\_ Te

Soki eza bongo, Misala ya Kolandela Likambo ekosalema na: \_\_\_\_\_

Telefone ya Mokambi Likambo: \_\_\_\_\_

Email ya Mokambi Likambo: \_\_\_\_\_

**Obengi mpo na koyeba soki chambre ezali? Soki obengi nanu te, tosengi yo obenga Ho Hum na 802-233-8922.**

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***Esengeli kotondisama na Champlain Housing Trust mpe kozongisama na mosali oyo azopesa moto ndingisa ya kofanda.***

**Mpo na bapaya oyo baza likolo:**

Dati ya Koya: \_\_\_\_\_

Dati ya Kokende: \_\_\_\_\_

Ntina ya kotalela:

\_\_\_ Kosukisa Ndingisa ya Kofanda

\_\_\_ Kobuka Mibeko ya mopaya

\_\_\_ Mosusu: \_\_\_\_\_

Attachment A

## Ho Hum Reservation Form

To be completed by agency and emailed to: [hohum@champlainhousingtrust.org](mailto:hohum@champlainhousingtrust.org);  
[mohler@champlainhousingtrust.org](mailto:mohler@champlainhousingtrust.org); and [etaylor@champlainhousingtrust.org](mailto:etaylor@champlainhousingtrust.org)

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 Ho Hum at 802-233-8922.**

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***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: \_\_\_\_\_

## **Ndingisa ya Mopaya ya Ho Hum: Makoki mpe Misala/Mikumba Nayo**

**Mpo na kozwa Basali ya Boyambi (Reception), benga 0 to 861-7329. Soki moto moko te aza koyanola, benga 862-6244. Mpo na makambo ya mbalakaka, benga 9-1-1**

### **Maye masengeli**

Mpo ozala mopaya ya Ho Hum osengeli:

- Kozala moto bakanisi ete aza na COVID-19, kozala na likama makasi, to bakangi yo COVID-19 sima ya kosala ekzame
- Ozala na makasi ya komisalela misala mya yo ya mokolo na mokolo
- Ozala na esika mosusu te oyo elongobani mpo na komitia yo moko mosika na basusu/quanrattaine (mpo na kosunga bozongi ya makasi ya nzoto mpe kokanga nzela ya kopanza bokono epayi ya basusu)
- Okoka kotosa Mikumba to Misala nayo lokola etangemi awa na nse
- **Pona kozala awa** (komitia mosika na basusu na esika oyo etali se motema nayo) mpe kondima mibeko soki oponi kofanda awa.

### **Mikumba/Misala Nayo: Nini Okoki Kozela kowuta epayi na Biso**

Tosepeli komona yo awa mpe okoki kozela kowuta epayi na biso maye malandi:

- Bakambi oyo bazali wana mpo na kosunga yo nakati ya esika nabiso mpe ba oyo bakoki kozwama na telefone mpo na kosala manso maye masengeli mpo na kokokisa baposa nayo na oyo ya basusu Kopetola chambre mpe kikoso liboso ya bokomi nayo, mpe kotiya biloko ya kobatela yango peto
- Misala ya kosokola bilamba, soki esengami (benga Reception mpo na kozwa rendez-vous)
- Koyela yo bilei na chambre nayo mokolo na mokolo.
- Sécurité to bokengi na lopango mpe koyeba solo ete esika ozali ezali ya bokengi to sécurité mpo na yo mpe basusu
- Kopesa yo nzela ya kokutana na monganga mpe nzela ya kosala teste
- Kopesa yo biloko ya komibatela na yango, ndakisa cache-nez, ba gands mpe biloko ya kosokola nango chambre nayo.

### **Mikumba Nayo: Nini Tokozela kowuta epai Nayo**

Mpo na bokolongonu ya nzoto mpe bokengi nayo mpe bokolongonu ya nzoto mpe bokengi ya basusu, tosenge nayo ondima mikumba miye milandi. Soki okosala te engebene na mikumba oyo, bakoki kobimisa yo na esika oyo:

#### **Bokolongonu ya nzoto mpe kozala malamau**

- Bokolongonu ya nzoto nayo ezali mokumba nayo moko. Zala na bokebi na lolenge ozali komiyoka mpe yebisa monganga nayo soki obandi kobela mpe na yango tokosalisa yo ozwa lisalisi ya monganga oyo esengeli nayo.
- Tosengi okoba kobatela bopeto ya nzoto nayo.
- Tosengi obatela chambre nayo peto, mpe bongisaka biloko osili kosalela, salelaka badesinfectant bapesi yo mpo na kopanguisa bisika mikolo nyonso.
- Lataka cache-nez na bagands ntango inso na eleko ozali nzinganzinga na basusu.
- Mibatela, pemaka mpo na kosunga bozongi ya makasi ya nzoto nayo, mpe zala na bokengi.
- Zala na limemia ya basusu, ndakisa bapaya basusu, bakambi, mpe baye bamipesaka bango moko mpo na kosalisa.

#### **Kofanda na Ho Hum**

- Ntango ozofanda na Ho Hum, osengeli kozala na kati ya lopango ngonga nyonso. Okoyamba bapaya te longola kaka soki babongisi yango liboso na reception, mpo bato baya kotikela yo biloko libanda ya biro.
- Okoki kobima libanda mpo na kozwa mopepe nakati ya lopango na kobatelaka distance ya metele 2 na basusu oyo bakoki kozala libanda. Lata cache-nez ntango ozali libanda mpo na kobatela bokolongonu ya basusu. Osengeli kozala nakati ya lopango, mpe bakambi bakozala kolandela likambo oyo. Soki ozali na bana, esengeli moto akengela bango ntango nyonso bazali libanda.
- Masanga ya makasi ekoki komelama te libanda ya chambre.
- Epekisami komela makaya nakati ya ba chambre. Bakobengana yo mpe bakoki kofutisa yo lomande ya \$100 soki milinga ya likaya eza na ba chambre nayo. Okoki komela makaya libanda ntango bikuke ya ndako bikangami mpe kozala mosika na metele 3.5 na ndako.
- Telefone yakati ya lopango mpo na kobenga baye bazali na kati ezali.
- Na chambre ya moto moko ezali na frigo ya moke mpe four ya moke. Ba chambre ya minene ezali na frigo ya monene mpe rechaud. Bapaya basengeli te kosalela ba appareil nabango moko ya kolambela, ndakisa basani ya lotiliki, bikalungu ya lotiliki nakati ya ba chambre ya kati na lopango mpe basengeli te kosalela ba appareil ya kolambela oyo ekobimisa moto, ezala libanda to na bisika ya bopemi nakati ya lopango.
- Epekisami koya na mbwa to nyawu. Baniama oyo esalisaka bato bazwami na mikakatano ya kotambola to komona endimami.
- Bato bakomama na mikanda lokola babuki mibeko ya kokamata basi na makasi bandimami kofanda awa te mpo na botau ya bapaya basusu mpe bakosenga ye akende soki bakuti nkombo na ye na mikanda ya babuki mibeko.
- Soki ozwi ekateli ya kosukisa bofandi na yo na Ho Hum, tokoki kobongisela yo transpore na esika ebongi na Etuka soki eleko na yo ya komifandela mpe ya quarantaine ekokisi masengami ya makambo ya kolongonu ya nzoto. **Soki obimi na hotele Ho Hum bakondima lisusu te ete ozonga.**

### **Bizaleli**

- Soki basengi nayo olanda mitindo oyo ezali kopekisa yo makambu songolo mpe makambu mosusu kowuta na ba programe mosusu, osengeli kolanda yango awa.
- Soki bakangi yo ozoteka bilangwiseli na lopango, tokoyebisa la police, mpe tokozwa etinda ya koboya kokota na esika.
- Minduki, mobulu mpe bizaleli ya kobangisa batu, ndakisa kotungisaka mwasi to mobali mpo na kolala naye, epekisami.
- Osengeli kozala na bilamba na nzoto mpe kolata sapato to mapapa ntango inso.
- Soki obuki mibeko oyo ya bapaya, bakoki kobengana yo.

### **Biloko Nayo**

- Mema biloko nayo oyo oyaki nango.

**Ndenge natie maboko na mokanda oyo, nandimi ete natangi boyokani oyo mpe nayebi balotomo na ngai (makambo nakoki kozela epai ya Ho Hum) mpe mikumba na ngai (makambo oyo bazozela nasala, mpe oyo nasengeli kolanda) oyo eza na nse.**

Siniatire ya Mopaya \_\_\_\_\_

Dati: \_\_\_\_\_

Kombo ya Mopaya \_\_\_\_\_

Dati: \_\_\_\_\_

Siniatire ya Mosali \_\_\_\_\_

Dati: \_\_\_\_\_



## **Ho Hum Guest Agreement: Your Rights and Responsibilities**

**To reach the front desk, dial 0 or 861-7329. If no one answers, dial 862-6244. For Emergencies, dial 9-1-1**

### **Criteria**

In order to be a guest at the Ho Hum 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 Front Desk to make an appointment)
- Food delivered to your room daily.
- Security onsite to ensure that it is a safe environment for you and others
- 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.
- Please always wear a face mask and gloves when you are around others.
- 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 Ho Hum

- While you are staying at the Ho Hum, you must remain onsite at all times. Visitors are not permitted except as pre-arranged with the front desk, for deliveries to be dropped off outside of the office.
- 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.
- 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.
- In-room local phone service is available.
- Single rooms include a mini-fridge and microwave. Efficiency rooms include a refrigerator and stove. 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 Ho Hum, 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 Ho Hum 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.

**By signing below I agree that I have read this agreement and understand my rights (what I can expect from the Ho Hum) 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\_\_\_\_\_



## NDINGISA YA KOSALELA MPE KOBIMISA NSANGO YA SANTE/BOKOLONGONU YA NZOTO NA HIPAA

Koma Nkombo: \_\_\_\_\_

### I. NDINGISA NAPESI

Napesi ndingisa na Champlain Housing Trust, Inc. ya kosalela to kobimisa nsango elandi oyo etali bokolongonu ya nzoto/Santé:

- Nsango ya bokolongonu ya nzoto na ngai nyonso

- Nsango ya bokolongonu ya nzoto na ngai etali lisalisi nazali kozwa to maladi oyo ezali kotungisa ngai:

COVID-19 \_\_\_\_\_

- Nsango ya bokolongonu ya nzoto na ngai mpo na eleko ya ntango uta \_\_\_\_\_ (dati)  
kino \_\_\_\_\_ (dati)

- Eloko mosusu: \_\_\_\_\_

**Moto aza likolo akoki koyebisa bansango ya kolongonu ya nzoto na monganga nyonso, na misala ya kosalisa bato to na bato bazopesa esika ya kofanda oyo bakosalisa ngai ntango nakofanda na Ho Hum.**

**Ntina ya ndingisa oyo ezali mpo na (tia elembo wapi esengeli):**

- Po na kosalisa ngai na makambo ya kolongonu ya nzoto, na misala ya kosalisa bato mpe/to na misala ya ndenge moko ntango nakofanda na Ho Hum mpe/to kosalisa ngai na kozwa esika mosusu ya kofanda.

- Eloko mosusu: \_\_\_\_\_

**Mokanda ya ndingisa oyo ekosuka:**

- Na (dati) \_\_\_\_\_

- Ntango likambo oyo elandi ekosalema: \_\_\_\_\_

### II. Makoki na Ngai

Nasosoli ete nazali na makoki ya koboya ndingisa oyo ya ngai, na kokomaka mokanda, na ntango nyonso, longola se wapi ndingisa ya kosalela mpe ya kobimisa nsango esilaki kosalema na kotalaka ndingisa napesaki na ebandeli. Ekoki kosalema ete nakoka te koboya ndingisa oyo soki ntina na yango ezalaki mpo na kozwa assurance. Mpo na koboya ndingisa oyo, nasengeli kosala bongo na kokomaka mokanda mpe kotindaka yango na lingoba ya bato oyo totiaki maboko mpo na kobimisa nsango yango.

Nasosoli ete ndingisa ya kosalela mpe ya kobimisa nsango esilaki kosalema na kotalaka ndingisa napesaki na ebandeli ekoki kolongolama to koboyama lisusu te.

Nasosoli ete ekoki kosalema ete nsango oyo basaleli to babimisi na ndingisa na ngai ekoki kozonga-kobimisama na moto oyo azwaki yango mpe ebatelami lisusu na Mibeko ya Bonkuku ya HIPAA.

Nasosoli ete lisalisi to lisungi nyonso epesami na bato ya ngambo mosusu ekoki te kotala kaka kotiamaboko na ndingisa oyo mpe ete nakoki kozala na makoki ya koboya kotia maboko na ndingisa oyo.

**Maboko/Siniatire ya Mobeli:** \_\_\_\_\_ **Dati:** \_\_\_\_\_

**Maboko/Siniatire ya Ntoma oyo Apesami Ndingisa:** \_\_\_\_\_

**Dati:** \_\_\_\_\_

### **III. Bondimami Mosusu mpo na Mpasi ya Ndenge Mosusu**

Mokanda ya monganga oyo ekoki kozala na bansango etali **lisalisi to nkisi mpo na moto na mikakatano ya nzoto to kozwa mwasi na Makasi, bokangami na mimeseno ya lotoko/masanga ya moto, mimeseno ya drogue/lopipi, Maladi ya bosangisi nzoto mwasi na mobali, kolongola bazemi, to maladi ya moto/liboma**. Bondimami ya kokabwana ya likambo moko esengeli kopesama liboso ete nsango ekoka kobimisa.

- Nandimi ete nsango epesami awa likolo ebimisama.

- Nandimi te ete nsango epesami awa likolo ebimisama.

**Maboko/Siniatire ya Mobeli to ya Ntoma oyo Apesama Ndingisa:** \_\_\_\_\_

**Dati:** \_\_\_\_\_ **Ntango:** \_\_\_\_\_

### **IV. Bondimami Mosusu mpo na VIH/SIDA**

Mokanda ya monganga oyo ekoki kozala na bansango etali **teste ya VIH mpe/to ya koluka bilembo (diagnostique) to nkisi (traitement) ya SIDA**. Bondimami ya kokabwana mpo na eloko moko na moko esengeli kopesama mpo ete nsango oyo ebimisama.

- Nandimi ete nsango epesami awa likolo ebimisama.

- Nandimi te ete nsango epesami awa likolo ebimisama.

**Maboko/Siniatire ya Mobeli to ya Ntoma oyo Apesama Ndingisa:** \_\_\_\_\_

**Dati:** \_\_\_\_\_ **Ntango:** \_\_\_\_\_



**HIPAA AUTHORIZATION FOR USE OR DISCLOSURE  
OF HEALTH INFORMATION**

Print Name: \_\_\_\_\_

**I. My Authorization**

I authorize Champlain Housing Trust, Inc. to use or disclose the following health information:

- All of my health information

- My health information relating to the following treatment or condition:

COVID-19 \_\_\_\_\_

- My health information covering the period from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

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

**The above party may disclose this health information to any healthcare, social service or housing provider providing services to me during my stay at the Ho Hum.**

**The purpose of this authorization is (check all that apply):**

- To provide healthcare, social services and/or related services during my stay at the Ho Hum and/or to facilitate my ability to obtain other housing.

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

**This authorization ends:**

- On (date) \_\_\_\_\_

- When the following event occurs: \_\_\_\_\_

## **II. My Rights**

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.

I understand that services provided by any party may not be made subject to signing this authorization and that I may have the right to refuse to sign this authorization.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **III. Additional Consent for Certain Conditions**

This medical record may contain information about **physical or sexual abuse, alcoholism, drug abuse, sexually transmitted diseases, abortion, or mental health treatment**. Separate consent must be given before this information can be released.

- I consent to have the above information released.

- I do not consent to have the above information released.

**Signature of Patient or Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

## **IV. Additional Consent for HIV/AIDS**

This medical record may contain information concerning **HIV testing and/or AIDS diagnosis or treatment**. Separate consent must be given to have this information released.

- I consent to have the above information released.

- I do not consent to have the above information released.

**Signature of Patient or Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_