

Ho Hum Motel

Hoyga Go'doominta, Karantiimada Iyo Kasoo Kabashada COVID-19

Ho Hum Motel
1660 Williston Road,
South Burlington, VT 05403

Shuruudaha Martida

Martida Go'doominta, Karantiimada iyo Kasoo Kabashada Ho Hum waa inay buuxiyaan shuruudaha soo socda:

- ✓ Waxay leeyihiin calaamado oo waxaa looga shakisan yahay COVID-19 laakiin uma baahna in la dhigo isbitaal; **ama**
- ✓ Waxa ay isku dhawaadeen cid qabta COVID-19 oo waxaana lagu sheegey inay yihiin dadka khatarta ugu badan ku jira COVID-19+ oo uu sheegey bixiye daryeel caafimaad; **ama**
- ✓ Waxaa shaybaadh lagaga heley COVID-19 (kiis la xaqiijiyay) iyagoo leh ama aan lahayn calaamadaha ugu yar; **iyo**
- ✓ Waxa ay u baahan yihiin is-go'doomin maadaama oo ay khatar ugu jiraan caabuqa inay dadka kale u gudbiyaan inta ay kasoo kabsanayaan oo ayna lahayn meel kale oo ku habboon oo ay is-go'doomin ku galaan; **iyo**
- ✓ Aan u baahnayn daryeelka heerka isbitaalka ah (waxaa laga saari karaa isbitaalka ama waxaa si toos ah looga soo gudbin karaa guryaynta wakhtigan); **iyo**
- ✓ Aan u baahnayn kaalmo nololaha maalintii ah oo hadii loo baaho iskii uga qixi karaa dhismaha.

Shakhsiyaadka looga shakiyo ama khatarta badan kujira ee qabista COVID-19+, gudbinta waxaa kaliya laga aqbalayaa:

- Waaxda Adeegyada Dhaqaalaha DCF (Economic Services Division, ESD), **ama**
- Waaxda Caafimaadka Vermont, **ama**
- Xarun dhakhtar ama caafimaad.

Sida Loosoo Gudbiyo

1. Hay'ada gudbinta ayaa marka hore qiimaynaysa hadii qofku uu buuxiyay shuruudaha dhigitaanka ee goobta. Martida guryaynta go'doominta, karantiimada iyo kasoo kabashada COVID-19 waxay buuxinayaan shuruudaha sare.
2. Hay'ada gudbinaysa waxay xaqiijin doontaa inay haystaan waxay u baahan yihiin si ay u dhamaystiraan gudbinta taleefanka:
 - a. Ogolaanshaha macmiilka si gudbinta loo sameeyo
 - b. Helitaanka macmiilka inta uu socdo wada sheekeysiga gudbintu (shir taleefanka ah ama fadhi la wada joogo qol oo la kala fog yahay) si uu uga jawaabo su'aalaha.
3. Si loo bilaabo gudbinta, fadlan kala soo hadal Shaqaalaha Ho Hum: 802-233-8922. Waxaa lagaa dalban doonaa inaad buuxiso oo aad usoo dirto waxa soo socda iimeelka gudbinta Ho Hum: hohum@champlainhousingtrust.org:
 - a. Nuqul sawiran oo ah aqoonsiga sawirka leh ama, hadii aanu qofka martida ah lahayn aqoonsi sawir leh, sawirka qofka martida ah; **iyo**
 - b. Foomka Balansiga Ho Hum (Lifaaqa A); **iyo**
 - c. Foomka Heshiiska Martida oo Saxeexan (Lifaaqa B); **iyo**
 - d. Foomka Champlain Housing Trust HIPAA (Lifaaqa C); **iyo**
 - e. Haddii shakhsigu aanu lahayn bixiye daryeel caafimaad oo ku yaala aaga Burlington oo uu diyaar u yahay in masuuliyada uu ku wareejiyo Xarumaha Caafimaadka Bulshada Burlington inta uu ku jiro Ho

Hum, fadlan sidoo kale waa inuu soo diraa Foomka Duwaan Gelinta Bukaanka Burlington ee Xarumaha Caafimaadka Bulshada (Lifaaqa D); **iyo**

f. **Hadii** shakhsiga laga heley COVID-19, xaqiijinta shaybaadhka.

4. **Fadlan ha u soo dirina martida goobta ilaa inta aad heleysaan xaqiijinta in loo balamiyay.** Marka uu nasoo gaadho macluumaadka/waraaqaha oo dhami oo aanu go'aamino in shakhsiga goobta laga aqbalay, shaqaalaha Ho Hum ayaa xaqiijin doona in loo sii qabtay, xaqiijin doona in martida iyo shaqaalaha Ho Hum ay labaduba diyaar u yihiin imaatinka. Dhamaan martidu waa inay yimaadaan wixii ka danbeeya 10 subaxnimo ee kana horeeya 9 habeenimo.
5. Shaqaalaha Caafimaadka ee Xarumaha Caafimaadka Bulshada ee Burlington ayaa ka wada shaqayn doona uga diyaarinta ka bixinta adeegga caafimaad xagga isgaarsiinta shakhsiyaadka hadii aanay iyagu iskood u diyaarsanaynin.
6. Bixiyaha Daryeelka Kowaad ee Qofka Martida ah iyo shaqaalaha Xarumaha Caafimaadka Bulshada ee Burlington ayaa ka qayb geli doona nidaamka ka saaritaanka si ay ogolaanshaha ugu danbeeya u siiyaan in shaqaaluhu ay ka saari karaan martida.

Liiska Hubinta ee Gudbinta - Macluumaadka Ay Tahay In La Diyaariyo

Inta lagu jiro nidaamka gudbinta, hay'ada gudbinta waxaa laga dalban doonaa inay bixiso macluumaadka soo socda (sida uu diyaar u noqdo) ee martida imanaysa si ay uga caawiso shaqaalaha inay u qiimeeyaan meesha ku haboon.

- Magaca Martida
- Taariikhda Dhalashada
- Miyay hore kaaga hayaan Bixinta Macluumaadka Champlain Housing Trust iyo Xarumaha Caafimaadka Bulshada Burlington, mise iminka ayaad buuxin kartaa? (Afka iyo/ama qoraal)
- Miyuu qofku qaataa Daawayn Daawo uu Qaato? (tani maaha caqabad, laakiin waa muhiim)
- Xaalada nolosha - waa maxay sababta ayna u haysan meel uu ku galo qofku is-go'doomin? Halkee ayuu qofku ku noqonayaa marka uu ladnaado?
- Taariikhda shaybaadhka - goobta iyo xaqiijinta natiijada qabista cudurka
- Taariikhda ay ku bilaabmeen calaamaduhu, hadii la garanayo
- Calaamadaha wakhtigan
- Awooda daryeelka naftiisa - tusaale ahaan soc socodka, dhar maydhashada, gaadhi kaxaysiga, qaadashada dawooyinka, maamulida wixii xanuuno mudo dheer ah
- Dawooyinka - miyuu haysanayaa ugu yaraan 14 maalmood marka uu yimaad? Hadii ay maya tahay, yaa u dalbaya dawooyinka loo qoray?
- Ma jirtaa wax qorshayaal amaan oo jira oo ay tahay in aanu ogaanaa?

Fadlan ha u soo dirina martida goobta ilaa inta aad heleysaan xaqiijinta in meel looga qabtay 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.

Lifaaqa A

Foomka Balansiga Ho Hum

Waxaa buuxinaya hay'ada oo iimeel ugu diraya: hohum@champlainhousingtrust.org;
mohler@champlainhousingtrust.org; iyo etaylor@champlainhousingtrust.org

Hay'ada Gudbinta: _____

Magaca Madaxa Qoyska (Head of Household Name, HH): _____

Taariikhda Dhalashada HH: _____

Lambarka taleefanka HH: _____

Tirada Dadka Waawayn ee qoyska: _____

Tirada Caruurta: _____

Xayawaanka Adeega? ___ Haa ___ Maya

Da'da Caruurta: _____

Taariikhda Gelitaanka: _____

Taariikhda Ka Bixitaanka: _____

Qofka Shaqaalaha ee Ogolaanaya Joogitaanka:

Miyuu qoysku leeyahay maamule kiis oo hore oo bixiya adeegyada iyo taageerada? ___ Haa ___ Maya

Hadii ay sidaa tahay, Adeegyada Maamulaha Kiiska waxaa bixinaya: _____

Taleefanka Maamulaha Kiiska: _____

Iimeelka Maamulaha Kiiska: _____

Miyaad soo hadashay si aad u xaqiijiso qolal diyaar ah? Hadii ay maya tahay, fadlan kala hadal Ho Hum 802-233-8922.

Waxaa buuxinaya Champlain Housing Trust oo ku celinaya qofka shaqaalaha ee qofka qaabilaya.

Martida sare:

Taariikhda Gelitaanka: _____

Taariikhda Ka Bixitaanka: _____

Sababta ka bixitaanka:

___ Dhamaadka joogitaanka la ogolaaday

___ Ku xad gudub sharciga martida ah

___ Wax kale: _____

Ho Hum Reservation Form

To be completed by agency and emailed to: hohum@champlainhousingtrust.org;
mohler@champlainhousingtrust.org; and 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.

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: _____

Heshiiska Martida Ho Hum: Xuquuqdaada iyo Waajibaadkaaga

Si aad xafiiska soo dhawaynta ula xidhiidho, wac 0 ama 861-7329. Hadii lagaa qaban waayo, wac 862-6244. Xaaladaha Degdegga ah, wac 9-1-1

Shuruudaha

Si aad marti uga noqoto Ho Hum waa in:

- Lagaaga shakiyaa inaad qabto COVID-19, inaad khatar badan ugu jirto, ama shaybaadhka lagaaga helay COVID-19
- Aad awoodo inaad maamuli karto hawlahaaga nolosha maalinlaha ah
- Ayna jirin meel kale oo aad isku-karantiisho/go'doomiso (oo kaa taageereysa inaad soo caafimaado iyo kahortagga qaaddsiinta caabuqa dadka kale)
- Aad awoodo inaad raacdo Masuuliyadaha sida hoos lagu qoray
- **Dooratay imaatinka halkan** (isku go'doominta aad ku galayso halkan waa ikhtiyaar) oo waxa aad ogolaatay shuruucda hadii aad doorato inaad joogto.

Xuquuqdaada: Waxaad Naga Filan Karto Anaga

Waxa farxad noo ah inaad timaado oo waxa aad naga filan kartaa anaga waxyaabaha soo socda:

- Shaqaale taageero leh oo goobta jooga oo laguna heleyo taleefanka si markaa loo xaqiijiyo in baahiyahaaga iyo baahiyaha dadka kale la buuxiyo
Qol iyo suuli nadiif ah marka aad timaado, iyo agabka aad ku nadiifinayso
- Adeegyada dharmaydhka, sida loogu baahdo (waxa aad lasoo hadashaa Xafiiska Soo Dhaweynta si aad balan u qabsato)
- Cuntada in laguugu keeno maalin kasta qolkaaga.
- Amaan goobta ah oo markaa lagu xaqiijinayo amaanka deegaanka ee adiga iyo dadka kale
- Helitaanka bixiye daryeelka caafimaad iyo shaybaadh
- Agabka ilaalinta qofka oo ay ku jiraan waji gashad, gacmo-gashiyo iyo agabka qolka lagu nadiifiyo.

Waajibaadkaaga: Waxa Aan Kaa Filan Karno

Caafimaadka iyo amaankaaga darteed iyo caafimaadka iyo amaanka dadka kale darteed, waxa aanu kaa dalbanaynaa inaad wajibaadka soo socda aqbashid. Hadii aanad u dhaqmin sida ay dhigayaan waajibaadyadani, waxaa lagaa dalban karaa inaad ka baxdo xarunta:

Caafimaadka iyo Badqabka

- Adiga ayaa ka masuul ah caafimaadkaaga. Waxa aad u fiirsataa sida aad dareemeyso oo waxa aad u sheegtaa bixiyahaaga daryeelka caafimaad hadii aad xanuun dareento si lagaaga caawiyo sidii aad u heli lahayd daryeelka caafimaad ee aad u baahan tahay.
- Fadlan joogtee fayodhawrka shakhsiyeed.
- Fadlan waa inuu qolkaagu nadiif ahaadaa, oo aad iska nadiifisaa, adigoo isticmaalaya jeermis dile si aad meelaha la taataabto u nadiifiso maalin kasta.
- Fadlan waxa aad xidhnaataa waji gashadka iyo gacmo-gashiyo marka aad dadka kale ku dhaw dahay.
- Naftaada daryeel fadlan, naso si aad u taageerto inaad ladnaato, oo amaankaaga ilaali.
- Fadlan waa inaad qadarisaa dadka kale, oo ay ku jiraan martida kale, shaqaalaha iyo dadka wakhtigooda ku deeqay.

Joogitaanka Ho Hum

- Inta aad ku jirto Ho Hum, waa inaad meesha joogtaa mar kasta. Dadka soo booqanaya lama ogola marka laga tago inay wakhti hore sii diyaariyeen xafiiska soo dhawayntu moojee, wixii lagu keeno waxaa la dhigayaa xafiiska banaankiisa.
- Waxa aad banaanka ugu bixi kartaa si aad usoo yara laydhsato meesha dhaxdeeda ilaa inta aad dadka kale ee banaanka jooga u jirsan karto lix fuudh. Fadlan xidho waji gashad marka aad banaanka joogto, si aad u ilaaliso caafimaadka dadka kale. Waxaa kugu waajib ah inaad meesha ku sugnaato, oo waxaana kormeeri doona shaqaalaha. Hadii caruur aad haysato, waa in la ilaaliyaa inta ay banaanka joogaan oo dhan.
- Khamrida laguma cabi karo qolka dibadiisa.
- Sigaarka laguma dhax cabi karo qolalka. Waa lagaa eryi doonaa meesha waxaana lagaa qaadi doonaa \$100 oo ganaax ah hadii qolka aad ku dhax cabto sigaar. Waxa aad ku cabi kartaa sigaarka banaanka iyada oo albaabka qolku xidhan yahay oo aad toban fuudh u jirto dhismaha.
- Qolka waxaa ku xidhan taleefanka gudaha.
- Qolalka kalida ah waxa ay leeyihiin talaagad yar iyo mikroweef. Qolalka balaadhan waxa ay leeyihiin talaagad iyo shoolad. Martidu agabkooda wax lagu karsado ma isticmaali karaan, oo ay ku jiraan saxanka diiran iyo maqlaha laydhka ee wax lagu dubo, qolnaba kaasoo ku yaala meesha oo mana isticmaali karaan wixii aalada dabka furan meesha gudaheeda, oo ay ku jiraan barxadaha iyo barandada.
- Xayawaanka la rabbaysto lama ogola. Xayawaanka u adeega oo kaalmeeya dadka laxaadka la waa la ogol yahay.
- Dadka danbiyada galmada galay ee duwaan gashan looma ogola inay meesha dagaan maadaama oo ay dadka kale ee martida ahi nugul yihiin waana laga eryi doonaa hadii la ogaado.
- Hadii aad go'aansato inaad soo afjarto joogitaankaaga Ho Hum, waxa aanu kuu diyaarin doonaa gaadiid meel macquul ah oo Gobolka dhaxdiisa ah ku geeya ilaa inta aad buuxisay shuruudaha mudada is-go'doominta iyo karantiimada ee daryeelka caafimaadku ku taliyay. **Marka aad ka baxdo Ho Hum kuma soo noqon kartid.**

Dabeecada

- Hadii ay kugu waajib tahay inaad raacdo xadidaadaha qaar ama xaalado barnaamijyo kale ah, waxaa lagaaga fadhiyaa inaad raacdo inta aad halkan joogto.
- Hadii la ogaado inaad ku iibiso mukhaadaraad meesha, waxa la gaadhsiin doonaa bilayska, waxaanad heli doontaa amar ah in aanad soo gelin.
- Hubka, dagaalka iyo habdhaqanka hanjabaada ah, oo ay ku jiraan hadalka tacadiga xagga jinsiga, lama ogola.
- Waa inaad xidhnaataa dhar iyo kabo ama dacas mar kasta.
- Hadii aad ku xad gudubto shuruudcan martida, waxaa dhici karta in meesha lagaa eryo.

Alaabta Shakhsi Ahaaneed

- Fadlan qaado wixii alaab ah ee aad la timid.

Saxeexayga hoose waxa aan ku qirayaa in aan akhriyay heshiiskan oo aan fahmay xuquuqdayda (waxa aan ka filan karo Ho Hum) iyo waajibaadkayga (waxa la iga filan karo aniga, oo ay tahay inaad raaco) ee kor ku qoran.

Saxeexa Martida _____

Taariikhda _____

Magaca Martida _____

Taariikhda _____

Saxeexa Shaqaalaha _____

Taariikhda _____

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_____



OGOLAANSHAHA ISTICMAALKA AMA BIXINTA HIPAA EE MACLUUMAADKA CAAFIMAADKA

Magac oo Daabacan: _____

I. Ogolaanshahayga

Waxa aan u ogolaaday Champlain Housing Trust, Inc. inay isticmaasho ama bixiso macluumaadka soo socda:

- Dhamaan macluumaadkayga caafimaadka

- Macluumaadkayga caafimaadka ee la xidhiidha daawaynta ama xaaladda soo socota:

COVID-19 _____

- Macluumaadkayga caafimaadka ee mudada _____ (taariikhda) ilaa _____ (taariikhda)

- Wax kale: _____

Cida kor lagu sheegey waxay bixin kartaa macluumaadkan caafimaadka oo ay siin kartaa daryeelka caafimaadka, adeegga bulshada ama bixiyayaasha guryaynta ee adeegyada i siiya inta aan joogo Ho Hum.

Ujeedada ogolaanshani waxaa weeye (sax dhamaan intay khusayso):

- In la i siiyo adeegyada daryeelka caafimaadka, adeegyada la bulshada iyo/ama adeegyada la xiriira inta aan ku suganahay Ho Hum iyo/ama in la fududeeyo si aan u helo guryayn kale.

- Wax kale: _____

Ogolaanshuhu waxa uu ku eeg yahay:

- Markay tahay (taariikhda) _____

- Marka ay waxa soo socdaa dhacaan: _____

II. Xuquugdayda

Waxa aan fahansanahay in aan xaq u leeyahay inaan ka noqdo ogolaanshahan, isaga oo qoraal ah, wakhti kasta, marka laga tago meesha hore loo isticmaalay ama loo bixiyay iyada oo laga duulayo ogolaanshahaygii hore. Kama noqon karo ogolaanshahayga hadii ujeedadu ahayd in aanu ku helo caymis. Si aan uga noqdo ogolaanshahan, waa inay qoraal ahaataa oo aan u diraa cida ku haboon ee bixinaysa.

Waxa aan fahansanahay in isticmaalka iyo bixinta hore loo sameeyay iyada oo laga duulayo ogolaanshahaygii hore in aan laga noqon karin.

Waxa aan fahansanahay macluumaadka lagu isticmaalay ama lagu bixiyay ogolaanshahayga inuu isna sii bixin karo qofka la siiyay oo intaa wixii ka danbeeya ay dhici karto in aanu ilaalinaynin Heerka Sirta HIPAA.

Waxa aan fahansanahay in adeegyada ay i siiyaan cid kale ay dhici karto inayna ka waajbin saxeexista ogolaanshahan oo waxa aan xaq u yeelan karaa inaan diido saxeexista ogolaanshahan.

Saxeexa Bukaanka: _____ Taariikhda: _____

Saxeexa Wakiilka Loo Ogol Yahay: _____

Taariikhda: _____

III. Ogolaanshe Dheeraad ah oo Xaaladaha Qaar ah

Duwaankan caafimaadka waxaa ku jiri kara macluumaad ku saabsan **tacadiga jidheed ama galmeed, khamriilenimo, balwadaha mukhaadaraadka, xanuunada galmada ku faafa, iska soo xaadhka ilmaha, ama daawaynta caafimaadka maskaxda**. Ogolaanshe kale waa in la bixiyaa kahor inta aan macluumaadkan la bixin.

- Waxa aan ogolaaday in macluumaadka sare la bixiyo.

- Maan ogolaan in macluumaadka sare la bixiyo.

Saxeexa Bukaanka ama Wakiilka Loo Ogol Yahay: _____

Taariikhda: _____ Wakhtiga: _____

IV. Ogolaanshe Dheeraad ah oo HIV/AIDS ah

Duwaankan caafimaadka waxaa ku jiri kara macluumaadka ku saabsan **shaybaadhka helitaanka ama daawaynta HIV iyo/ama AIDS**. Ogolaanshe kale waa in la bixiyaa inta aan macluumaadkan la bixin.

- Waxa aan ogolaaday in macluumaadka sare la bixiyo.

- Maan ogolaan in macluumaadka sare la bixiyo.

Saxeexa Bukaanka ama Wakiilka Loo Ogol Yahay: _____

Taariikhda: _____ Wakhtiga: _____



**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:** _____