

Ho Hum မိန့်ထဲ(လ)ဟံန့်ဒွဲ

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

COVID-19 တၢ်အိၣ်လီၤဖျိၣ်, တၢ်အိၣ်လီၤဆီစီၤစုၤယံၤသးဒီးပုၤဂၤဒီး
တၢ်မၤဘျါထီၣ်က့ၤသးအတၢ်အိၣ်တၢ်ဆိးတၢ်လီၤတၢ်ကျဲတဖၣ်

ပုၤတမ့ၢ်အတၢ်ဟံပနီၣ်

ပုၤတမ့ၢ်လၢ အဟဲမၤတၢ်အိၣ်လီၤဖျိၣ်, တၢ်အိၣ်လီၤဆီစီၤစုၤယံၤသးဒီးပုၤဂၤဒီး တၢ်မၤဘျါထီၣ်က့ၤသးဖဲ Ho Hum တဖၣ်
တုၤထီၣ်ပာ်ဘးဒီးတၢ်ဟံပနီၣ်လၢလၢတဖၣ်-

- ✓ မ့ၢ်ပုၤတဖၣ်လၢအိၣ်ဒီး တၢ်ဆိကမိၣ်တဖၣ်ဒီး တၢ်ဆိကမိၣ်လၢကအိၣ်ဒီး COVID-19 ဘၣ်ဆၣ်တလိၣ်
လဲၤဒီးပုၤကူစါယါဘျါသး လၢတၢ်ဆိဟံန့်, **မ့တမ့ၢ်**
- ✓ အိၣ်ဘူးဘၣ်ဒီး COVID-19 တၢ်ဘၣ်ကံအလီၤဒီး တၢ်သမံသမိးအိၣ်ဒီး ပုၤလၢအဟ့ၣ်ကသံၣ်တၢ်ကွၢ်ထွဲ ဒီးထံၣ်န့ၢ်လၢ
အိၣ်ဒီးတၢ်ဘၣ်ယိၣ်လၢ ကအိၣ်ဒီး COVID-19+, **မ့တမ့ၢ်**
- ✓ တၢ်သမံသမိးဒီးထံၣ်န့ၢ်လၢ အိၣ်ဒီး COVID-19 (တၢ်ဂ့ၢ်လၢ တၢ်ဟံဂၢ်ဟံကျါအီၤ) လၢအတၢ်ဆါကွၢ်ပနီၣ်အိၣ်ထဲတဖဲ
မ့တမ့ၢ် တအိၣ်နီတဖဲဘၣ်, **ဒီး**
- ✓ လိၣ်ဘၣ်လၢ ကဘၣ်မၤနီၣ်ကစၢ်တၢ်အိၣ်လီၤဖျိၣ်အသးဒီးပုၤဂၤဒီးဖျိ တၢ်ဘၣ်ယိၣ်အိၣ်လၢ ကဘၣ်ကူဘၣ်ကံပုၤဂၤဖဲ
တၢ်အိၣ်ဘျါအိၣ်ကိညၢ်ထီၣ်သးအကတီၢ်ဒီး တအိၣ်ဒီးတၢ်လီၤအကြးအဘၣ်အဂၢၤနီတတီၤလၢ
ကမၤနီၣ်ကစၢ်အတၢ်အိၣ်လီၤဖျိၣ်အသးဘၣ်, **ဒီး**
- ✓ အပတီၢ်တတုၤလၢ တၢ်လိၣ်ဘၣ်အီၤလၢ တၢ်ကကွၢ်ထွဲလၢ တၢ်ဆိဟံန့်ဘၣ် (ဘၣ်သ့ၣ်သ့ၣ် ကမ့ၢ်တၢ်ဒုးစံၣ်လီၤလၢ
တၢ်ဆိဟံန့် မ့တမ့ၢ် တၢ်လီၤတၢ်ကျဲလၢအိၣ်ဆိးခဲအံၤ ဆုၤထီၣ်အီၤလီၤလီၤ), **ဒီး**
- ✓ တလိၣ်ဘၣ်တၢ်မၤစၢၤလၢ တနံၤဘၣ်တနံၤ အတၢ်အိၣ်မူဖံးမၤတၢ်အဂီၢ် ဒီးမ့ၢ်လိၣ်ဘၣ်န့ၢ်, ဟးထီၣ်လၢ တၢ်သ့ၣ်ထီၣ်အပူၤ
လၢအကစၢ်ဒၣ်ဝဲသ့န့ၢ်လီၤ.

ပုၤတဂၤစုၤစုၤလၢ တၢ်ဆိကမိၣ်တဖၣ် မ့တမ့ၢ် အိၣ်လၢတၢ်ဘၣ်ယိၣ်အလီၤလၢ ကအိၣ်ဒီး COVID-19+ အဂီၢ်,
တၢ်ဆုၤထီၣ်တဖၣ် တၢ်ကတူၢ်လီၤအီၤ ထဲဒၣ်လၢ-

- DCF Economic Services Division (ESD), **မ့တမ့ၢ်**
- Vermont Department of Health, **မ့တမ့ၢ်**
- ကသံၣ်သရၣ် မ့တမ့ၢ် တၢ်အိၣ်ဆူၣ်အိၣ်ချ့ထဲထၢ်တဖၣ်န့ၢ်လီၤ.

တၢ်ကဘၣ်ဆုၤခီအိၤဆူညါတပတီၢ်ဒ်လဲၣ်

1. ကရၢၤခၢၣ်စးလၢ အဆုၤထီၣ်တၢ်ဂ့ၢ်အံၤ ကမၤဂံၢ်ခိၣ်ထံးတၢ်သမံသမိးဆိလၢ ကထံၣ်ဘၣ်လၢမ့ၢ်ပုၤတဖၣ်ထီၣ်ဘးဒီး နီၣ်ထီၣ် တၢ်ဟံၣ်နီၣ်လၢ တၢ်ကတူၢ်လိာ်အိၤဖဲတၢ်လီၤတၢ်ကျဲတဖၣ်အဂီၢ်န့ၣ်လီၤ. ပုၤတမ့ၢ်လၢ အဟဲမၤ COVID-19 တၢ်အိၣ်လီၤဖျီၣ်, တၢ်အိၣ်လီၤဆီစီၤစုၤယံၤသးဒီးပုၤဂၤဒီး တၢ်မၤဘျါထီၣ်က့ၤသးတဖၣ်အံၤ တုၤထီၣ်ဘးဒီးတၢ်ဟံၣ်နီၣ် နီၣ်ထီၣ်လၢထးတဖၣ်န့ၣ်လီၤ.
2. ကရၢၤခၢၣ်စးလၢ အဆုၤထီၣ်တၢ်တဖၣ် ကမၤလီၤတၢ်လၢ အဝဲသ့ၣ် အိၣ်ဒီးတၢ်လၢ အလိၣ်ဘၣ်ဝဲလၢ ကမၤဝံၤ တၢ်ဆုၤခီတၢ် ခီဖျိလီၤတဲစိအဂီၢ်-
 - a. ပုၤလၢအကဟဲအိၣ်ဆိးဟ့ၣ်အခွဲလၢ ကဆုၤထီၣ်အိၤဆူညါ
 - b. ဆဲးကျၢပုၤလၢ အကဟဲအိၣ်ဆိးဖဲတၢ်တဲသကိးတၢ်လၢ ကဆုၤခီအိၤအခါ (ဖဲတၢ်ကိးဘၢ်ဒိၣ်အိၣ်လီၤတဲစိ မ့တမ့ၢ် တၢ်ဆ့ၣ်နီၤသကိးလၢ ဒၢးတဖျါၣ်ဃီအပူၤလၢ အအိၣ်စီၤစုၤယံၤလိာ်သး) လၢကမၤဝံၤဆဲးဆါစါ တၢ်သံကွၢ်တဖၣ်အဂီၢ်.
3. လၢကစးထီၣ်တၢ်ဆုၤခီတၢ်အဂီၢ်, ကိး Ho Hum အပုၤမၤတၢ်ဖိဖဲ- 802-233-8922 တက့ၢ်. တၢ်ကမၤနမၤပုၤဒီးဆုၤ တၢ်ဂ့ၢ်လၢလၢ ဆူ Ho Hum တၢ်ဆုၤထီၣ်တၢ်ဂ့ၢ်အံၤမ့(လ)ဖဲ- hohum@champlainhousingtrust.org န့ၣ်လီၤ -
 - a. တၢ်ဂီၤခိၣ်လံာ်အုၣ်သး ID လၢတၢ်ကူၤန့ၢ်အိၤ, ဒီးပုၤတမ့ၢ်မ့ၢ်တအိၣ်ဒီး လံာ်အုၣ်သး ID န့ၣ်, ပုၤတမ့ၢ်လၢ ကဟဲအိၣ်ဆိးတဂံၢ်အတၢ်ဂီၤတဘျီ; **ဒီး**
 - b. Ho Hum တၢ်ဒီးလဲအိၣ်ဒီးအလံာ်ကိၣ်ဒိ (လံာ်ဘျးစဲ A); **ဒီး**
 - c. ပုၤတမ့ၢ်လံာ်တၢ်အၢၣ်လီၤအိၤလီၤ လံာ်ကိၣ်ဒိ (လံာ်ဘျးစဲ B); **ဒီး**
 - d. Champlain Housing Trust HIPAA လံာ်ကိၣ်ဒိ (လံာ်ဘျးစဲ C); **ဒီး**
 - e. ပုၤတဂၤမ့ၢ်တအိၣ်ဒီး ပုၤလၢအဟ့ၣ်အိၤ ဂံၢ်ခိၣ်ထံးတၢ်ကွၢ်ထွဲဖဲ Burlington ဟီၣ်ကဝီၤ ဒီးမ့ၢ်အဲၣ်ဒီးဝဲလၢ Community HealthCenters of Burlington ဟံးန့ၢ်ထီၣ်မ့ၢ်ဒါအံၤဖဲအအိၣ်ဖဲ Ho Hum အယံ, ဝံသးစူၤဆုၤ Community Health Centers of Burlington တၢ်ဆဲးလီၤပုၤဆါအမံၤလံာ်ကိၣ်ဒိ (လံာ်ဘျးစဲ D); **ဒီး**
 - f. ပုၤတဂၤအံၤ တၢ်သမံသမိးကွၢ်အိၤဒီး မ့ၢ်ထံၣ်န့ၢ်လၢအိၣ်ဒီး COVID-19, လၢတၢ်ဟံၣ်ဂၢ်ဟံၣ်ကျၢအိၤလၢ တၢ်သမံသမိးအယံ.
4. ဝံသးစူၤ တဘၣ်ဆုၤ ပုၤတမ့ၢ်ဆူ တၢ်လီၤတၢ်ကျဲအံၤတုၤလၢ နဒီးန့ၢ်ဘၣ် တၢ်ဟံၣ်ဂၢ်ဟံၣ်ကျၢလၢ နဟဲအိၣ်ဆိးသ့တစုန့ၣ်တက့ၢ်. ဖဲတၢ်ဒီးန့ၢ် တၢ်ဂ့ၢ်တၢ်ကျဲ/လံာ်တီလံာ်မိလၢ တၢ်လိၣ်ဘၣ်အိၤတဖၣ်ဒီး တၢ်ဆါတံာ်လၢ တၢ်တူၢ်လိာ်ပုၤတဂၤဖဲ တၢ်လီၤအံၤ အဖီခိၣ်န့ၣ်, Ho Hum အပုၤမၤတၢ်ဖိ ကဒုးသ့ၣ်ညါဟံၣ်ဂၢ်ဟံၣ်ကျၢ တၢ်ဟံးန့ၢ်စါဒၢးဒီး, မၤလီၤတၢ်လၢ ပုၤတမ့ၢ်ဒီး

Ho Hum အပူမတၢ်ဖိခံဒီလၢကတၢ်ကတီၤဟံၣ်စၢၤအသးလၢ တၢ်ဟဲတုၤအဂီၢ်လီၤ. ပုၤတမံၤခဲလၢကတၢ်ဟဲတုၤလၢ ဂီၤခီ အန့ၢ်ရံၣ် 10 ဒီးတချုး 9 န့ၣ်ရံၣ်န့ၣ်လီၤ.

- 5. ပုၤမတၢ်ဖိလၢကသံၣ်ဒါးလၢ အမတၢ်ဖဲ Community Health Centers of Burlington အံၤကမတၢ်လၢ ကရဲၣ်ကျဲၤတၢ်ဟ့ၣ် တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ကွၢ်ထွဲဒီဖျိ တၢ်ကိးလီတဲစိ (telehealth care) လၢပုၤသ့ၣ်တဖၣ်အံၤအဂီၢ် ဖဲအဝဲသ့ၣ် မ့ၢ်တရဲၣ်ကျဲၤဟံၣ်စၢၤ အနီၢ်ကစၢ်ဒၣ်ဝဲအတၢ်ကွၢ်ထွဲအခါန့ၣ်လီၤ.
- 6. ပုၤတမံၤအပူၤလၢအဟ့ၣ်အီၤ ဂံၢ်ခိၣ်ထံးဆူၣ်ချ့တၢ်ကွၢ်ထွဲဒီး Community Health Centers of Burlington အပူၤမတၢ်ဖိတဖၣ် ကပၣ်ဃုာ်လၢ တၢ်ဒုးပျၢ်က့ၤကွၢ် အတၢ်မၤအကျိၤအကျဲလၢ ကဟ့ၣ်ဝဲ တၢ်ဟ့ၣ်စိဟ့ၣ်ကမီၤလၢခံကတၢ်လၢ ပုၤမတၢ်ဖိ ကပျၢ်က့ၤကွၢ်ပုၤတမံၤအဂီၢ်န့ၣ်လီၤ.

တၢ်ဆုၤထီၣ်ဆူၣ်ညါတပတီၢ် အတၢ်ကွဲးနီၣ်တဖၣ် – တၢ်ဂ့ၢ်တၢ်ကျိၤလၢ ကဘၣ်ကတဲာ် ကတီၤဟံၣ်တဖၣ်

ဖဲတၢ်ဆုၤထီၣ်ပုၤဆူၣ်ညါတပတီၢ် အတၢ်မၤအကျိၤအကျဲန့ၣ်, တၢ်မၤလၢ ခၢၣ်စးကရၢလၢ အဆုၤထီၣ်တၢ် ကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢ ဟိၣ်ထွဲထီၣ်တဖၣ်အံၤ (ဒ်အအိၣ်အသိး) လၢပုၤတမံၤတဖၣ်လၢ ကဆိၣ်ထွဲမၤစၢၤ ပုၤမတၢ်ဖိလၢ အဃုကွၢ် တၢ်လီၢ်အကြးအဘၣ်လၢ ကဟံၣ်လီၤအလီၢ်အဂီၢ်န့ၣ်လီၤ.

- ပုၤတမံၤအမံၤ
- အိၣ်ဖျဲၣ်မုၢ်နံၤ
- မ့ၢ်န့ၣ်အိၣ်ဟံၣ်ဒီး တၢ်ဘိးဘၣ်ရၢလီၤတၢ်ဂ့ၢ်တၢ်ကျိၤတၢ်အၢၣ်လီၤဒီး Champlain Housing Trust ဒီး Community Health Centers of Burlington လံၤခါ, မ့ၢ်တမ့ၢ် နမၤပုၤအီၤတဘျီခဲအံၤသ့ၣ်ခါ. (လၢထးခိၣ် ဒီး/မ့ၢ်တမ့ၢ် ကွဲးလၢလံာ်)
- မ့ၢ်အဝဲသ့ၣ်အိၣ်ဖဲတၢ်ကူၤစါယါဘျါလၢ ကသံၣ်ကသီန့ၣ်ခါ. (တၢ်အံၤ တၢ်တြီၤမၤတံာ်တံာ်တအိၣ်ဘၣ်, မ့ၢ်ဒၣ်တၢ်အရ့ဒိၣ်လီၤ)
- တၢ်အိၣ်တၢ်ဆိး အတၢ်အိၣ်သး- တၢ်ဂ့ၢ်မနုၤတဖၣ်အိၣ်လၢ အဝဲသ့ၣ်တအိၣ်ဒီး အကစၢ်အတၢ်လီၢ်တၢ်ကျဲလၢ ကမၤနီၢ်ကစၢ်တၢ်အိၣ်လီၤဖျိၣ်အသးဒီးပုၤဂၤအဂီၢ်ဘၣ်န့ၣ်လဲၣ်. ဖဲအဝဲသ့ၣ် ကိညၢ်ထီၣ်န့ၣ် အဝဲသ့ၣ်ကက့ၤဆူၣ်လဲၣ်.
- မုၢ်နံၤလၢ တၢ်သမံၤသမိးကွၢ်အီၤ- တၢ်ဆၢကတီၢ်ဒီးတၢ်ဟံၣ်ဖျါ တၢ်အစၢၤလၢ တၢ်အိၣ်ဒီးတၢ်ဆါ
- တၢ်မ့ၢ်သ့ၣ်ညါအယိ, မုၢ်နံၤလၢ အတၢ်ဆါအပနီၣ်ဟဲအိၣ်ဖျါထီၣ်

- တၢ်ဆါပနီၣ်ခဲအံၤတဖၣ်
- တၢ်သ့တၢ်ဘၣ်လၢ ကကွၢ်ထွဲလီၤသး - အဒိ တၢ်ဟးထီၣ်ဟးလီၤ, တၢ်ဆူၣ်နီၣ်ကစၢ်အတၢ်ကူတၢ်သိး, တၢ်နီၣ်သိလ့ၣ်, တၢ်အီၣ်ကသံၣ်ကသီတဖၣ်, တၢ်ကွၢ်ထွဲတၢ်ဆါတၢ်အိၣ်သးလၢအနးတဖၣ်
- ကသံၣ်ကသီတဖၣ်- ဖဲအဝဲသ့ၣ် ဟဲတုၤလီၤန့ၣ် မ့ၢ်ကသံၣ်ကသီလၢ ကဘၣ်အီဝဲတဖၣ် အိၣ်ဒီးအီၤ အစ့ၤကတၢ်လၢ 14 သီအဂီၢ်န့ၣ်ဧါ. မ့ၢ်တအိၣ်အဃိ, မ့ၢ်မတၢ်နဲၣ်လီၤန့ၢ် အကသံၣ်လၢ ကသံၣ်သရၣ်ဟ့ၣ်အီအီၤတဖၣ်န့ၣ်လဲၣ်.
- မ့ၢ်တၢ်အိၣ်ဟံၣ်စၢၤဒီး တၢ်ပူၤဖျဲးအတၢ်ရဲၣ်တၢ်ကျဲၤတဖၣ်လၢ ပကဘၣ်ဟံၣ်သ့ၣ်ဟံၣ်သးအီၤန့ၣ်ဧါ.

**ဝံသးစူၤ တဘၣ်ဆ့ၤ ပုၤတမ့ၤဆူ တၢ်လီၢ်တၢ်ကျဲအံၤ တုၤလၢနဒီးန့ၢ်ဘၣ်
တၢ်ဟံၣ်ဂၢၢ်ဟံၣ်ကျၢၤလၢ နဟဲအိၣ်ဆိးသ့လၢ Ho Hum အအိၣ်တစ့ဘၣ်န့ၣ်တက့ၢ်.**

Ho Hum Motel

COVID-19 Isolation, Quarantine & Recovery Accommodations

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

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.

လိာ်ဘျးစဲ A

Ho Hum တၢ်ဒီးလဲအိၣ်ဒါးအလံာ်ကိၣ်ဒိ

တၢ်ကဘၣ်မၤပျဲအီၤလၢ ကရၢခၢၣ်စးဒီးဆၢယီၤအံၤမ့(လ)ဆူ- hohum@champlainhousingtrust.org;
mohler@champlainhousingtrust.org; ဒီး etaylor@champlainhousingtrust.org

ကရၢခၢၣ်စးလၢ အဆၢထီၣ်တၢ်- _____

ဟံၣ်ခိၣ်အမံၤ (HH)- _____

HH ဟံၣ်ခိၣ်အိၣ်ဖျၢၣ်မုၢ်နီၤ- _____

HH ဟံၣ်ခိၣ်လီၤတဲစိနီၣ်ဂံၢ်- _____

ပှၤနီၣ်ဒိၣ်အနီၣ်ဂံၢ်လၢ အိၣ်ဆိးလၢဟံၣ်- _____ ဖိသၣ်အနီၣ်ဂံၢ်- _____

ဖိသၣ်အသးန့ၣ်- _____

ဆါဖိကီၢ်ဖိလၢ အကွၢ်ထွဲအီၤအိၣ်ဒါ. _____ အိၣ် _____ တအိၣ်

မုၢ်နီၤလၢ ဟဲန့ၣ်လီၤအိၣ်- _____

မုၢ်နီၤလၢအဟးထီၣ်- _____

ပှၤမၤတၢ်ဖိလၢ ဟ့ၣ်ခွဲးလၢ တၢ်ကအိၣ်ဆိး-

မ့ၢ်ဟံၣ်ယီၤအံၤအိၣ်ဒီး တၢ်ဂ့ၢ်မဲန့ၣ်က့ၢ်လၢ အဟ့ၣ်တၢ်မၤစၢၤတၢ်မၤဒီးတၢ်ဆိၣ်ထွဲမၤစၢၤန့ၣ်ဒါ. _____ အိၣ် _____ တအိၣ်

မ့ၢ်ဒိၣ်န့ၣ်ဒီး, တၢ်ကဟ့ၣ်တၢ်ပၤဆၢကွၢ်ထွဲတၢ်ဂ့ၢ်အတၢ်မၤစၢၤတၢ်မၤဖဲ- _____

တၢ်ဂ့ၢ်မဲန့ၣ်က့ၢ်အလီၤတဲစိ- _____

တၢ်ဂ့ၢ်မဲန့ၣ်က့ၢ်အအံၤမ့(လ)- _____

မုန်ကိးလၢ နကမၤလီၤတံၢ်ဒၢးအိၣ်ဒါတအိၣ်ဒါလံၤဒါ. မ့တမ့ၢ်ဘၣ်ဒီး, ဝံသးစူၤကိး Ho Hum ဖဲ 802-233-8922 တက့ၢ်.

**တၢ်ကဘၣ်မၤပျဲအီၤလၢ Champlain Housing Trust ဒီးဆုၢ်ကဒါက့ၤဆူ ပုၤမၤတၢ်ဖိလၢ အဟ့ၣ်စိဟ့ၣ်ကမိၤလၢ
ကအိၣ်ဆိးအဂီၢ်အအိၣ်န့ၣ်လီၤ.**

လၢပုၤတမ့ၢ်လၢ ထးအဂီၢ်-

မုၢ်နံၤလၢ ဟဲန့ၣ်လီၤအိၣ်- _____

မုၢ်နံၤလၢအဟးထီၣ်- _____

တၢ်ဂ့ၢ်လၢဟးထီၣ်ကွံၣ်-

___ တၢ်ဆၢကတီၢ်လၢ တၢ်ဟ့ၣ်စိဟ့ၣ်ကမိၤကတၢ်ကွံၣ်

___ တၢ်မၤကမၢ် ပုၤတမ့ၢ်အတၢ်သိၣ်တၢ်သီတၢ်ဘျုး

___ အဂၤ- _____

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: _____

Ho Hum ပှတမ့ၤ အတၢ်အၢ်လီၤတူၢ်လိာ်- နတၢ်ခွဲးတၢ်ယာ်ဒီးမ့ၢ်ဒါတဖၣ်

လၢနကဆဲးကျၢ တၢ်တူၢ်လိာ်တမ့ၤဝဲၤဒၢးအဂီၢ်, ဆီၣ်လီၤ 0 မ့တမ့ၢ် 861-7329 တက့ၢ်. ပှမ့ၢ်တစံးဆၢနီတဂၤန့ၣ်, ဆီၣ်လီၤ 862-6244 တက့ၢ်. လၢဂ့ၢ်ဂီၢ်အူအဂီၢ်, ဆီၣ်လီၤ 9-1-1

တၢ်ဟံပနီၣ် နီၣ်ထီၣ်

လၢနကကဲပှတမ့ၤလၢ Ho Hum အဂီၢ် နကဘၣ်-

- တၢ်ဆိကမိၣ်လၢ အိၣ်ဒီး COVID-19, တၢ်ဘၣ်ယိၣ်အါ, မ့တမ့ၢ် တၢ်သမံသမိးဒီးထံၣ်န့ၢ်အီၤလၢ အိၣ်ဒီး COVID-19
- နကွၢ်ထွဲ နကစၢ်တနံၤဘၣ်တနံၤ တၢ်အိၣ်မ့ၢ်အတၢ်ဟူးဂဲၤတၢ်ဖဲးတၢ်မၤတဖၣ်သ့
- တအိၣ်ဒီး တၢ်လီၢ်အကြးအဘၣ်နီတမံၤလၢ ကမၤနီၣ်ကစၢ် အတၢ်အိၣ်လီၤဆီ/အိၣ်လီၤဖျိၣ်သး (လၢကဆိၣ်ထွဲမၤစၢၤ တၢ်အိၣ်ဆူၣ်ထီၣ်က့ၢ်အဂီၢ်ဒီး ဒီသဒါတၢ်ဘၣ်ကူဘၣ်ကံပှအဂၤတဖၣ်အဂီၢ်)
- လူၤဟံမၤထွဲ မ့ၢ်ဒါတၢ်ကွဲးရဲၣ်လီၤအီၤလၢလၢတဖၣ်သ့
- **ဃုထၢလၢကအိၣ်ဖဲအံၤ** (တၢ်အိၣ်လီၤဖျိၣ်သးဖဲအံၤန့ၢ် မ့ၢ်လၢ) ဒီးအၢ်လီၤလၢ ကလူၤဟံမၤထွဲ တၢ်သိၣ်တၢ်သီတၢ်ဘျးဖဲနမ့ၢ်ဃုထၢလၢ ကအိၣ်အယိၣ်န့ၢ်လီၤ.

နတၢ်ခွဲးတၢ်ယာ်တဖၣ်- နမ့ၢ်လၢတၢ်မၤန့ၢ်လၢပအိၣ်သ့လဲၣ်

ပသးခုလၢ နအိၣ်ဖဲအံၤဒီး နမ့ၢ်လၢတၢ်လၢလၢတဖၣ်အံၤလၢ ပအိၣ်သ့န့ၢ်လီၤ-

- ပှမၤတၢ်ဖိလၢ အဆိၣ်ထွဲမၤစၢၤတၢ်အိၣ်ဝဲဒီး တၢ်ဆဲးကျၢအီၤသ့ခီဖျိ လီၤတဲစိလၢ ကမၤစၢၤမၤလီၤတံၢ်လၢ တၢ်ကမၤပှဲၤ နတၢ်လိၣ်ဘၣ်တဖၣ်ဒီး ပှအဂၤတဖၣ် အတၢ်လိၣ်ဘၣ် ဖဲနဟဲတုၤန့ၢ် နကဒီးန့ၢ်ဘၣ် လီၢ်မံဒါဒီးတၢ်လုၢ်ထံလီၢ်လၢ အကဆိၣ်, ဒီးတၢ်ပိးတၢ်လီၤတဖၣ်လၢ ကမၤကဆိၣ်အီၤအဂီၢ်
- တၢ်ဆူၣ်တၢ်ကူတၢ်သိးတၢ်မၤ, ဒ်တၢ်လိၣ်ဘၣ်အီၤ (ကိး တၢ်တူၢ်လိာ်တၢ် Front Desk လၢကမၤတၢ်သ့ၣ်ဆၢဖးကတီၢ်အဂီၢ်)
- တၢ်ဟဲဆုၢ်န့ၢ်တၢ်အိၣ်တၢ်အီဆူ နဒါးကိးနံၤဒဲး.
- တၢ်ဟံလီၤတၢ်ဘၣ်တၢ်ဘၢလၢ ကမၤလီၤတံၢ်လၢ တၢ်လီၢ်ခိၣ်ဃၢၤတခါအံၤ ပှဖျဲးလၢနဒီးပှအဂၤတဖၣ်အဂီၢ်
- နဆဲးကျၢပှဟ့ၣ်ဆူၣ်ချ့တၢ်ကွဲးထွဲဒီးတၢ်မၤကွၢ်သ့
- နီၣ်ကစၢ် တၢ်ဒီသဒါပိးလီၤတဖၣ် လၢအပၣ်ဃုာ်ဒီး နီၣ်ကးဘၢမဲာ်, စုဖျိၣ်ဒီးတၢ်ပိးတၢ်လီၤတဖၣ်လၢ ကမၤကဆိၣ်ဒါး.

နမ့ၢ်ဒါတဖၣ်- တၢ်လၢပမ့ၢ်လၢလၢနအိၣ်

လၢနတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ဒီးတၢ်ပှဖျဲးဒီး ပှအဂၤ အတၢ်ပှဖျဲးတဖၣ်ဒီးအတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အဂီၢ်, ပဃုန့ၢ်လၢ နကတူၢ်လိာ် တၢ်ဟံးန့ၢ်မ့ၢ်ဒါလၢလၢတဖၣ်အံၤလီၤ. နမ့ၢ်တမၤတၢ်ဒ်မ့ၢ်ဒါတဖၣ်အံၤဘၣ်အသိးန့ၣ်, ပကမၤနဟးထီၣ်က့ၢ်ကွံာ်လီၤ-

တၢ်အိၣ်ဆူၣ်အိၣ်ချ့ဒီးတၢ်မုၢ်တၢ်ပၤ

- နအိၣ်ဒီးမူဒါလၢ နကစၢ်ဒၣ်နဲအတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အဂီၢ်လီၤ. ဝံသးစူၤ ဟံသုၣ်ဟံသးလၢ နတူၢ်ဘၣ်တၢ်ဒ်လဲၣ်ဒီး ဒုးသ့ၣ်ညါပုၤလၢအဟ့ၣ်နၤ တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ကွၢ်ထွဲဖဲ နမ့ၢ်စးထီၣ် အိၣ်တဆူၣ်ဒီး ပကမၤစၢၤနၤလၢ နကမၤန့ၢ် ကသံၣ်ကသီတၢ်ကွၢ်ထွဲလၢ နလိၣ်ဘၣ်အီၤတဖၣ်န့ၣ်လီၤ.
- ဝံသးစူၤပၤပၤဃာ် နီၢ်ကစၢ်အတၢ်ကဆဲးကဆီၣ်န့ၣ်တက့ၢ်.
- ဝံသးစူၤ ဟံနဒၢးကဆဲးကဆီၣ်, မၤကဆဲးကဆီၣ်တၢ်ဖဲနမၤဘၣ်အတၢ်ဝံၤအခါ, စူးကါတၢ်ဖိတၢ်လံၤလၢ အမၤသံတၢ်ဃာ်လၢ ကမၤကဆီၣ်တၢ်မံၢ်ဖဲခိၣ်တဖၣ် ကိးနံၤဒဲးတက့ၢ်.
- ဝံသးစူၤ သိးတၢ်ကးဘၢမံၢ်သၣ်ဒီး စုဖျိၣ်တဖၣ်ဖဲနအိၣ်လၢ ပုၤအဂၤတဖၣ်အကပၤန့ၣ်တက့ၢ်.
- ဝံသးစူၤ ကွၢ်ထွဲလီၤနသး, အိၣ်ဘျးအိၣ်သါလၢ နကကိညၢ်ထီၣ်, ဒီးအိၣ်လၢတၢ်ပူၤဖျဲးအပူၤတက့ၢ်.
- ဝံသးစူၤ ဟံကဲပုၤအဂၤတဖၣ်, လၢအပၣ်ဃုာ်ဒီးပုၤတမံၢ်အဂၤတဖၣ်, ပုၤမၤတၢ်ဖိ, ဒီးပုၤမုၢ်သးမၤကလီၤတၢ်ဖိတဖၣ်န့ၣ်တက့ၢ်.

တၢ်အိၣ်ဆိးဖဲ Ho Hum

- ဖဲနအိၣ်ဖဲ Ho Hum အခါန့ၣ်, နကဘၣ်အိၣ်ဖဲ တၢ်လီၢ်အံၤကိးဆၢကိးကတီၢ်ဒဲးလီၤ. မ့တမ့ၢ်လၢ တၢ်ရဲၣ်ကျဲၤဆိဟံၤစၢၤဒီး တၢ်တူၢ်လိာ်တၢ်အလီၢ်လၢ တၢ်မံၢ်ညါဘၣ်အယိၣ်န့ၣ်, တၢ်တပျဲပုၤဟဲဟးအိၣ်သကိးဘၣ်ဒီး, လၢတၢ်ကဟဲဆုၢ်တၢ်အဂီၢ် တၢ်ကဘၣ်ဟံလီၤတံၢ်တ့ၢ်လၢ ဝဲၤဒၢးအချၢန့ၣ်လီၤ.
- နလဲၤဟးထီၣ်လၢတၢ်ချၢ လၢနကမၤန့ၢ် ကလံၤဆ့ဖဲကရၢၢ်အပူၤသ့ ဘၣ်ဆၣ် နကဘၣ်အိၣ်စီၤစုၤလိာ်သးဒီးပုၤဂၤတဖၣ် လၢအအိၣ်လၢတၢ်ချၢအစ့ၤကတၢ် ဃုခိၣ်ယီၢ်န့ၣ်လီၤ. ဝံသးစူၤ သိးနီၣ်ကးဘၢမံၢ် ဖဲနအိၣ်လၢတၢ်ချၢ, လၢကဒီသဒါ ပုၤအဂၤတဖၣ် အတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အဂီၢ်န့ၣ်တက့ၢ်. တၢ်လိၣ်ဘၣ်လၢ နကအိၣ်လၢ ကရၢၢ်ပူၤဒီး, ဒီးတၢ်အံၤ ကဘၣ်တၢ်ကွၢ်စုၣ်အီၤလၢ ပုၤမၤတၢ်ဖိတဖၣ်န့ၣ်လီၤ. နမ့ၢ်ဟဲကိးဃုာ်ဒီးနဖိန့ၣ်, တၢ်ကဘၣ် ကွၢ်ထွဲအီၤကိးဆၢကတီၢ် ဖဲအအိၣ်လၢ တၢ်ချၢအခါန့ၣ်လီၤ.
- တၢ်အိၣ်သံး မ့တမ့ၢ် တၢ်ထံတၢ်နိအပၣ်ဃုာ်ဒီးသံးလၢ ဒၢးတဖၣ်အချၢတသ့ဘၣ်.
- တၢ်တဟ့ၣ်အခွဲးလၢ ကအိၣ်မိၢ်ဖဲဒၢးတဖၣ်အပူၤဘၣ်. တၢ်ကမၤနဟးထီၣ်ကွၢ်ဒီး ဘၣ်သ့ၣ်သ့ၣ် နကဘၣ်ဟ့ၣ်စ့ \$100 ဖဲတၢ်မုၢ်ထံၣ် နအိၣ်မိၢ်လၢဒၢးပူၤအယိၣ်န့ၣ်လီၤ. နအိၣ်မိၢ်လၢ ဒၢးအချၢဒီးကးတံာ်ဃာ် နဒၢးပဲတြီဒီးအိၣ်ယံၤဒီးတၢ်သ့ၣ်ထီၣ် အခိၣ်ယီၢ်တဆံသ့လီၤ.
- လၢဒၢးပူၤန့ၣ်အိၣ်ဒီး လီၤတဲစိလၢနကိးလၢလီၢ်ကဝီၤအပူၤသ့န့ၣ်လီၤ.
- လၢဒၢးလၢအိၣ်ထဲတဒၢးဧါအပူၤ အိၣ်ဒီးတၢ်ခုၣ်ဒါဆဲးဆဲးဖိဒီး မဲးခြိၣ်ဝဲးတဖျၢၣ်န့ၣ်လီၤ. လၢဒၢးအိၣ်တဖၣ်အပူၤ အိၣ်ဒီး တၢ်ခုၣ်ဒါဒီးဖၣ်ကွၢ်န့ၣ်လီၤ. ပုၤတမံၢ်တဖၣ် စူးကါအကစၢ်ဒၣ်ဝဲ အတၢ်ဖိအိၣ်တုၤအိၣ်တၢ် သဘံၣ်သပၤတဖၣ်တသ့. လၢအပၣ်ဃုာ်ဒီး သဘံၣ်ကိးဒီးအံၢ်လဲးတြးသဘံၣ်လၢ အဆဲးသိတၢ်တဖၣ်, ဖဲအအိၣ်လၢ ဒၢးလၢအအိၣ်လၢ တၢ်သ့ၣ်ထီၣ်ကရၢၢ်အပူၤဒီး စူးကါဖၣ်ကွၢ်လၢ အိၣ်ဒီးမ့ၢ်အူလၢဖဲ ကရၢၢ်ပူၤတသ့, လၢအပၣ်ဃုာ်လၢ ဟီၣ်ခိၣ်ဖိခိၣ်ဒီး တၢ်သ့ၣ်ထီၣ်အပျဲၤစီၢ်တဖၣ်အဖိခိၣ်န့ၣ်လီၤ.
- တၢ်တပျဲဆၣ်ဖိကိးဖိတဖၣ်ဘၣ်. တၢ်ပျဲဆၣ်ဖိကိးဖိလၢ အမၤစၢၤပုၤလၢအိၣ်ဒီး နီၢ်ခိတဘၣ်လိးဘၣ်စးတဖၣ်န့ၣ်လီၤ.
- ပုၤလၢတၢ်ဆဲးလီၤအမံၤလၢ အမၤကမၢ် တၢ်လၢမုၢ်ခွါသ့ၣ်ထံးတကပၤန့ၣ် တၢ်တဟ့ၣ်အခွဲးလၢ ကအိၣ်ဆိးခိဖျိ ကဲထီၣ်တၢ်ဘၣ်ယိၣ်သ့လၢ ပုၤတမံၢ်အဂၤတဖၣ်အဂီၢ်ဒီး တၢ်မုၢ်ထံၣ်အီၤလၢ အအိၣ်လၢ တၢ်ကွဲးနီၣ်အပူၤအယိ တၢ်ကမၤအဟးထီၣ်ကွၢ်တဘျီဃီလီၤ.
- နမ့ၢ်ဆၢတံာ်လၢ နတအိၣ်ဖဲ Ho Hum လၢဘၣ်န့ၣ်, ပရဲၣ်ကျဲၤန့ၢ်နၤ သိလ့ၣ်လၢ ကလဲၤဆုၢ်နၤဆူ တၢ်လီၢ်တၢ်ကျဲ အကြၢးအဘၣ်လၢ အအိၣ်ဖဲကိးစဲၣ်အပူၤ ဖဲနနီၢ်ကစၢ်တၢ်အိၣ်လီၤဖျိၣ်သးဒီးတၢ်အိၣ်လီၤဆိလိာ်သးဒီးပုၤဂၤ ထီၣ်ဘးဝဲတၢ်ကွၢ်ထွဲတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ အတၢ်ဟ့ၣ်ကူၣ်အယိန့ၣ်လီၤ. **နမ့ၢ်ဟးထီၣ်ကွၢ်လၢ Ho Hum န့ၣ် နဟဲက့ၤကဒါက့ၤတသ့လၢဘၣ်.**

တၢ်ဒိသ့ၣ်ဟံးသး

- တၢ်မ့ၢ်လိာ်ဘၣ်လၢ၊ နကဘၣ်လူၤဟိံမၤထွဲ တၢ်ဖိာ်ဃံး မ့တမ့ၢ် တၢ်အိၣ်သးလၢ၊ တၢ်တိာ်ကျဲၤအဂၤတဖၣ်န့ၣ်၊ တၢ်မ့ၢ်လၢၣ်စ့ၢ်ကိးလၢ နကဘၣ်လူၤဟိံမၤထွဲအိၣ်ဖဲအံၤန့ၣ်လီၤ.
- တၢ်မ့ၢ်ထံၣ်လၢ၊ နဆါ ကသံၣ်မူၤဘျီးလၢ၊ တၢ်စုၤလီၢ်ခိၣ်ခိၣ်အပူၤန့ၣ်၊ ပကဒုးသ့ၣ်ညါပၤကီၢ်၊ ဒီးမၤန့ၣ်တၢ်တဘၣ်ဟဲအိၣ်ဘျးအတၢ်ကလုာ်တဖၣ်န့ၣ်လီၤ.
- တၢ်တပျဲလၢ၊ ကဟဲစိာ် တၢ်စုၤကဝဲၤ၊ တၢ်မၤတၢ်စုၤဆူၣ်ခိၣ်တကးဒီး တၢ်ဟံးသ့ၣ်ဟံးသးလၢ၊ အမၤပျဲတၢ်၊ လၢအပၣ်ဃုာ်ဒီးတၢ်ကတိၤမၤတရီၤတပါတၢ်လၢ၊ မ့ၣ်ခွါသ့ၣ်ထံးတကပၤ၊ တဖၣ်ဘၣ်န့ၣ်လီၤ.
- နကဘၣ်ကူၤသိးဒီး သိးခိၣ်ဖဲရၣ်ဝူ မ့တမ့ၢ် ခိၣ်ဖဲတြိာ်ခိၣ်တဖၣ် ထီၣ်န့ၣ်လီၤ.
- နမ့ၢ် မၤကမၢ် ပုၤတမ့ၢ်အတၢ်သိၣ်တၢ်သီတဖၣ်အံၤန့ၣ်၊ တၢ်ကမၢ် နဟးထီၣ်က့ၤကွံာ်လီၤ.

နီၢ်ကစၢ်အတၢ်ဖိတၢ်လံၤပီးလီၤတဖၣ်

- ဝံသးစူၤ က့ၤစိာ်ကဒါက့ၤ တၢ်ဖိတၢ်လံၤလၢနဟဲစိာ်တမံၤလၢလၢတက့ၢ်.

ဒိဖျါတၢ်ဆဲးလီၤမံၤလၢလၢအံၤန့ၣ် ယအာ်လီၤတူၢ်လိာ်လၢ ယဖးတၢ်အာ်လီၤအံၤဒီး နၢ်ပၤယတၢ်ခွဲးတၢ်ယာ်တဖၣ် (တၢ်လၢ ယမ့ၢ်လၢအိၣ်သ့လၢ Ho Hum အအိၣ်) ဒီးယမူယဒါတဖၣ် (တၢ်လၢတၢ်မ့ၢ်လၢအိၣ်လၢယအိၣ်, ဒီးယကဘၣ်လူၤဟိံမၤထွဲအိၣ်) လၢတၢ်ကွဲးရဲၣ်လီၤအိၣ်ဖဲထးတဖၣ်န့ၣ်လီၤ.

ပုၤတမ့ၢ် ဆဲးလီၤမံၤ _____ မ့ၢ်န့ၣ် _____

ပုၤတမ့ၢ်အမံၤ _____ မ့ၢ်န့ၣ် _____

ပုၤမၤတၢ်ဖိ ဆဲးလီၤမံၤ _____ မ့ၢ်န့ၣ် _____

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_____



HIPAA တာ်ဟ့ာ်စိဟ့ာ်ကမီၤလၢ တာ်ကစူးကါတာ် မ့တမ့ာ် တာ်ဟံာ်ဖျါ

တာ်အိာ်ဆူာ်အိာ်ချ့တာ်ဂ့ာ်တာ်ကျိၤ

ကွဲးလီၤမံၤ-_____

I. ယတာ်ဟ့ာ်စိဟ့ာ်ကမီၤ

ယဟ့ာ်စိဟ့ာ်ကမီၤ Champlain Housing Trust, Inc. လၢကစူးကါ မ့တမ့ာ် ဟံာ်ဖျါထီာ် တာ်အိာ်ဆူာ်အိာ်ချ့ တာ်ဂ့ာ်တာ်ကျိၤလၢလၢာ်တဖာ်-

- တာ်အိာ်ဆူာ်အိာ်ချ့တာ်ဂ့ာ်တာ်ကျိၤခဲလၢာ်
- ယတာ်အိာ်ဆူာ်အိာ်ချ့တာ်ဂ့ာ်တာ်ကျိၤလၢအဘာ်ထွဲဒီး တာ်ကူစါယါဘျါ မ့တမ့ာ် တာ်အိာ်သးလၢလၢာ်အံၤ- COVID-19 _____
- ယတာ်အိာ်ဆူာ်အိာ်ချ့တာ်ဂ့ာ်တာ်ကျိၤလၢ အကျါာ်ဘာဲတာ်ဆၢကတီာ်စးထီာ်လၢ _____ (မ့ာ်နံၤ) တုၤလၢ _____ (မ့ာ်နံၤ)
- အဂၢၤ- _____

ပုၤလၢထး ဘာ်သ့ာ်သ့ာ် ကဘီးဘာ်ဟံာ်ဖျါထီာ်ဝဲ တာ်အိာ်ဆူာ်အိာ်ချ့အတာ်ဂ့ာ်တာ်ကျိၤအံၤဆူ ပုၤတဂၢၤလၢ အဟ့ာ် တာ်အိာ်ဆူာ်အိာ်ချ့တာ်ကွဲာ်ထွဲ. ပုၤတဂၢၤ တာ်မၤစၢၤတာ်မၤ မ့တမ့ာ် တာ်ဟံာ်လီၤန့ၢ်ဟံာ်ဃီတာ်မၤစၢၤတဖာ်ဆူယအိာ် ဖဲယအိာ်ဆိးလၢ Ho Hum အကတီာ်အခါန့ၢ်လီၤ.

တာ်ဟ့ာ်စိဟ့ာ်ကမီၤအံၤ အတာ်ပညိာ်မ့ာ်ဒ်သိး (တီၤနီာ်တာ်လၢအဘာ်ထွဲခဲလၢာ်)-

☐ - လာတက်ကဟ့ၣ် တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ကွၢ်ထွဲ, ပှၤတၢ်တၢ်ဘၣ်တၢ်ဘၣ် တၢ်မၤစၢၤတၢ်မၤ/မ့တမ့ၢ် တၢ်မၤစၢၤတၢ်မၤလၢ အဘၣ်ထွဲ
ဖဲယအိၣ်ဖဲ Ho Hum အခါဒီး/မ့တမ့ၢ် လၢကတီၢ်ခိၣ်ရိၣ်မဲရဲၣ်ကျဲၤန့ၢ် ယတၢ်သ့တၢ်ဘၣ်ဒ်သိး ယကမၤန့ၢ်ဟံၣ်ဃီအဂီၢ်လီၤ.

☐ - အဂၤ- _____

တၢ်ဟ့ၣ်စိဟ့ၣ်ကမီၤအံၤကတၢ်ဖဲ-

☐ - ဖဲ (မုၢ်နံၤ) _____

☐ - တၢ်လၢလၢတဖၣ်အံၤ ကဲထီၣ်အသး အခါဖဲလဲၣ်- _____

II. ယတၢ်ခွဲးတၢ်ယၢ်တဖၣ်

ယန့ၢ်ပၢၢ်လၢ ယအိၣ်ဒီးတၢ်ခွဲးတၢ်ယၢ်လၢ ကကွဲးထုးကွံာ်, ယတၢ်ဟ့ၣ်စိဟ့ၣ်ကမီၤလၢလံာ်, သ့ထီၣ်ရီၤတဘျီ, တလၢကွံာ်ဖဲ တၢ်စူးကါ
မ့တမ့ၢ် ဟံၣ်ဖျါထီၣ်တၢ်ဘၣ် ယတၢ်ဂ့ၢ်ဒီးသန့ထီၣ်အသးလၢ ယတၢ်ဟ့ၣ်ခွဲးလၢ အခိၣ်ထံးတခါအဖီခိၣ်န့ၢ်လီၤ. ဘၣ်သ့ၣ်သ့ၣ်
တၢ်ဟ့ၣ်စိဟ့ၣ်ကမီၤတၢ်တခါအံၤ အတၢ်ပညိၣ်မ့မ့ၢ်လၢ တၢ်ကမၤန့ၢ်တၢ်အုၣ်ကီၤအဂီၢ်အဃိန့ၢ်, ယထုးကွံာ်အီၤတသ့ဘၣ်န့ၢ်လီၤ.
လၢယကထုးကွံာ် တၢ်ဟ့ၣ်စိဟ့ၣ်ကမီၤအံၤအဂီၢ်, ယကဘၣ်ကွဲးဃုလၢလံာ်ဒီး ဆုၢ်အီၤဆူ ပှၤဟံၣ်ဖျါထီၣ်တၢ်ဂ့ၢ်လၢ အကြၢးအဘၣ်
အအိၣ်န့ၢ်လီၤ.

ယန့ၢ်ပၢၢ်လၢ တၢ်စူးကါဒီးတၢ်ဟံၣ်ဖျါထီၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤလၢ တၢ်မၤအီၤဝံၤတၢ်လံာ်လၢ အဒီးသန့ထီၣ်အသးလၢ တၢ်ဟ့ၣ်ခွဲးလၢ
တၢ်မၤဟံၣ်စၢၤအီၤတဖၣ်န့ၢ် တၢ်ထုးကွံာ်အီၤတသ့ဘၣ်န့ၢ်လီၤ.

ယန့ၢ်ပၢၢ်လၢ တၢ်ကဲထီၣ်သးသ့လၢ တၢ်ဂ့ၢ်တၢ်ကျိၤလၢ တၢ်စူးကါအီၤ မ့တမ့ၢ် ဟံၣ်ဖျါထီၣ်အီၤလၢ ယနီၢ်ကစၢ်တၢ်ဟ့ၣ်အခွဲးတဖၣ်န့ၢ်
ဘၣ်သ့ၣ်သ့ၣ် တၢ်ကဟံၣ်ဖျါထီၣ်ကဒါက့ၤအီၤလၢ ပှၤလၢအဒီးန့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်သ့ဒီး တၢ်တဒိသဒါအီၤလၢ HIPAA နီၢ်ကစၢ်တၢ်ဂ့ၢ်
တၢ်ဒိသဒါတီၤပတီၢ် (HIPAA Privacy Standards) အဖီလၢလၢဘၣ်န့ၢ်လီၤ.

ယန့ၢ်ပၢၢ်လၢ တၢ်မၤစၢၤတၢ်မၤလၢ တၢ်ဟ့ၣ်အီၤလၢ ပှၤတဖုဂ့ၤတဖုဂ့ၤန့ၢ် တလိၣ်ဒီးသန့ထီၣ်အသးလၢ တၢ်ဆဲးလီၤလံာ်ဟ့ၣ်တၢ်ဖီ
တၢ်ကမီၤအံၤအဖီခိၣ်ဘၣ်ဒီး ယအိၣ်ဒီးတၢ်ခွဲးတၢ်ယၢ်လၢ တဆဲးလီၤမံၤလၢ လံာ်တၢ်ဟ့ၣ်တၢ်ဖီတၢ်ကမီၤအံၤအပူၤဘၣ်န့ၢ်လီၤ.

ပှၤဆါဆဲးလီၤမံၤ- _____ မုၢ်နံၤ- _____

ပှၤဟ့ၣ်စိဟ့ၣ်ကမီၤတၢ်ခၢၣ်စး ဆဲးလီၤမံၤ- _____

မုၢ်နံၤ- _____

III. တၢ်ဟ့ၣ်အါထီၣ် တၢ်အၢၣ်လီၤဟ့ၣ်ခွဲးလီၤ တၢ်ဆူးတၢ်ဆါတၢ်အိၣ်သးတနီၤအဂီၢ်

တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ကွဲးနီၣ်တဖၣ်အံၤ ဘၣ်သ့ၣ်သ့ၣ် ကပၣ်ဃုာ်ဒီး တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ဃး **နီၢ်ခိမိၢ်ပှၢ် မ့တမ့ၢ် မ့ၣ်ခွါသ့ၣ်ထံး** တၢ်မၤအၢၣ်မၤဆူးမၤဆါတၢ်, တၢ်စဲးသံး, တၢ်စဲးကသံၣ်မူၤဘျီ, တၢ်ဆါလၢ အဘၣ်ကူဘၣ်ကံးခိဖျိ မ့ၣ်ခွါသ့ၣ်ထံးတၢ်ဆူးတၢ်ဆါ, တၢ်မၤလီၤဟ့ၣ်, မ့တမ့ၢ် တၢ်ကူစါယါဘျါခိၣ်န့ၣ်တၢ်ဆါတဖၣ်န့ၣ်လီၤ. တချုးလၢ တၢ်ရၤလီၤဟံးဖျါတၢ်ဂ့ၢ်တၢ်ကျိၤန့ၣ် တၢ်ကဘၣ်ဟ့ၣ် တၢ်အၢၣ်လီၤဟ့ၣ်ခွဲးလီၤဆီတခါလီၤ.

- ယအၢၣ်လီၤဟ့ၣ်ခွဲးလၢ တၢ်ကဘိးဘၣ်ဟ့ၣ်လီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤလၢထးလီၤ.

- ယတအၢၣ်လီၤဟ့ၣ်ခွဲးလၢ တၢ်ကဘိးဘၣ်ဟ့ၣ်လီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤလၢထးဘၣ်.

ပှၢ်ဆါ မ့တမ့ၢ် ပှၢ်ဟ့ၣ်စိဟ့ၣ်ကမိၤတၢ်ခၢၣ်စး ဆဲးလီၤမံၤ- _____

မ့ၢ်နံၤ- _____ တၢ်ဆါကတီၢ်- _____

IV. တၢ်မၤအါထီၣ် တၢ်အၢၣ်လီၤဟ့ၣ်ခွဲးလၢ HIV/AIDS အဂီၢ်

တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်ကွဲးနီၣ်တဖၣ်အံၤ ဘၣ်သ့ၣ်သ့ၣ် ကပၣ်ဃုာ်ဒီး တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ဃး **တၢ်သမံသမိးကွၢ် HIV ဒီး/မ့တမ့ၢ်** တၢ်မၤကွၢ် မ့တမ့ၢ် ကူစါယါဘျါ AIDS တဖၣ် အဂီၢ်န့ၣ်လီၤ. လၢတၢ်ဟံးဖျါတၢ်ဂ့ၢ်တၢ်ကျိၤန့ၣ် တၢ်ကဘၣ်ဟ့ၣ် တၢ်အၢၣ်လီၤဟ့ၣ်ခွဲးလီၤဆီတခါလီၤ.

- ယအၢၣ်လီၤဟ့ၣ်ခွဲးလၢ တၢ်ကဘိးဘၣ်ဟ့ၣ်လီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤလၢထးလီၤ.

- ယတအၢၣ်လီၤဟ့ၣ်ခွဲးလၢ တၢ်ကဘိးဘၣ်ဟ့ၣ်လီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤလၢထးဘၣ်.

ပှၢ်ဆါ မ့တမ့ၢ် ပှၢ်ဟ့ၣ်စိဟ့ၣ်ကမိၤတၢ်ခၢၣ်စး ဆဲးလီၤမံၤ- _____

မ့ၢ်နံၤ- _____ တၢ်ဆါကတီၢ်- _____



**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: _____