

Temporary Housing Request



Member Code of Conduct Agreement

At PacificSource, we understand the importance of rest in the recovery process. Because we want you to have that chance, we're happy to help you with a hotel stay. In return, we only ask that you follow all hotel rules.

PacificSource will fill out the top part of this form. Please sign at the bottom to show you agree.

Name of member requesting temporary hotel funding _____

Name of lodging _____

Approved on _____ Check-in date _____

Member statement: I will follow all hotel or motel rules. I understand that I'm responsible for my actions, as well as the actions of my guests, children, and pets. I may be asked to leave the hotel or motel if I don't follow their rules. If I'm asked to leave, I know that PacificSource won't find a new room at a different hotel or motel. I understand that I may be asked to leave if I:

- Harass, cause injury, or threaten to harm any staff or guests by what I do, say, write, or communicate
- Engage in unsafe actions that could affect the safety or health of staff or guests
- Cause or threaten to cause damage to hotel or motel property
- Possess, use, or threaten to use any weapon on hotel or motel property
- Invite guests not on the reservation
- Disturb the peace of other guests

I understand that if I miss the check-in time, or if I don't follow this code of conduct agreement, I may not be eligible for a hotel or motel stay through PacificSource in the future.

Member signature (if present) _____ Date _____

Provider statement: I affirm that this form has been discussed with the member, and the member understands the rules.

Requesting provider signature _____ Date _____

You can get this document in another language, large print, or another way that's best for you. You can also request an interpreter. This help is free. Call 800-431-4135 or TTY: 711. We accept all relay calls.

Usted puede recibir este documento en otro idioma, impreso en una letra más grande o de otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo. Llame al 800-431-4135 o por TTY al 711. Aceptamos llamadas del servicio de retransmisión.

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Hotel Checklist

Please use this checklist to ensure the PacificSource Flexible Services team has all the necessary information to book a hotel for each member.

Name of member _____

Name on the reservation _____

Was a vacancy confirmed? Yes No If yes, what date was it confirmed? _____

Hotel/motel name _____

Hotel/motel address _____

Hotel/motel phone number _____

Check-in date _____ Estimated number of days needed _____

Please note: the maximum number of days that can be accommodated is 30 days per request.

Does the member have ADA accessibility needs? Yes No

If yes, please detail what the needs are _____

Does the member have any pets or service animals? Yes No

If yes, list type and number of animals, and indicate if they are service animals _____

Will the hotel accept animals? Yes No

How many total guests will need a room (including the member)? _____

How many beds are needed? _____

Will there be any children? (age 17 or younger) Yes No

If yes, list number of children _____ and their ages _____

Does the member have a government-issued ID card? Yes No

Please note, not having an ID card will limit hotel options.

Additional notes: _____

Email completed forms to: HealthRelatedServices@PacificSource.com

Fax completed forms to: **541-322-6435**

Call Flexible Services: **541-284-7964**, TTY: 711. We accept all relay calls.