## Health－Related Services： Hotel Request Checklist

Please refer to HRSF Flex Services Funding Request Instructions on how to fill out this form．
If you are in need of an air conditioner，air purifier，heater，medication refrigerator or generator please see our HRSN Form．

## Hotel logistics checklist

Please use the below checklist to ensure CareOregon＇s health－related services team has all the necessary information to book your hotel．

Fax completed forms to：ATTN：HRSFlex at 503－416－4728
Health－related services phone line：503－488－2808

Your name： $\qquad$
Name on the reservation： $\qquad$
Was a vacancy confirmed？〇Yes ONo

If yes，what date was it confirmed？ $\qquad$
Hotel／motel name： $\qquad$
Hotel／motel address： $\qquad$
Hotel／motel phone number： $\qquad$
Check－in date（mm／dd／yyyy）： $\qquad$
Estimated number of days needed：
$\bigcirc 7$ nights $\bigcirc 14$ nights $\bigcirc 28$ nights $\bigcirc$ Other $\qquad$
Please note，the maximum number of days that can be booked is 28 days per request．Please read the hotel instructions for more information if an extension is needed．

Do you have ADA accessibility needs？〇Yes $\bigcirc$ No If yes，please detail what the needs are：

Do you have any pets or service animals？〇Yes 〇No
If yes，list type and number of animals，and indicate if they are service animals：

Will the hotel accept animals？〇Yes 〇No 〇unknown
How many total people will be staying in the room with you／the member？Write 1 if just you／the member． If there are more than four people on the reservation an additional room will need to be reserved．

Will there be any children？〇Yes 〇No
Please list all other guests who will be staying with you／the member and describe their relationship to you／the member．If there are children under 18，please list their ages．

How many beds are needed，and what size？
Do you have a government－issued ID card？〇Yes ONo Please note，not having an ID card will limit hotel options．

Do you need a smoking room？〇Yes 〇No
Does the selected hotel have smoking rooms available？〇Yes 〇no

You can get this in other languages，large print，braille or a format you prefer． You can also ask for an interpreter．This help is free．Call 866－952－0083 or TTY 711. We accept relay calls．

## OHP－XXX－XX－XXXX

