



## COVID-19 Medical Respite Center Referral Protocol

### Who can make the referral?

Emergency Rooms, Inpatient Units, and local clinics staff

### Who is eligible?

Patients recommended to isolate for **suspect of confirmed COVID-19** and identified as homeless, meaning the discharge destination will be emergency shelters or the street.

Individuals and families who are doubled up or in other unstable housing situations must be diverted from the hotel resource whenever possible, as limited hotel units are available. People in these situations can call The Salvation Army diversion case manager: (608) 250-2200 during office hours for additional support.

### Referral Protocol

**1. Obtain consent from the patient to contact the Salvation Army and share information.**

The duration of stay in the hotel will be determined based on the test results and medical recommendations. Therefore, patient must agree the healthcare provider can share such information with Salvation Army for the duration of stay.

**2. Review the COVID-19: Medical Respite Center Participant Agreement Form with every patient and ask to sign.** Answer any questions patient may have.

**3. Send the Medical Respite Center Referral Form and Participant Agreement Form to the Salvation Army, 608-256-0569 (Attn: Medical Voucher)**

**4. Contact the Salvation Army staff to confirm receipt of the referral and wait for a call or email back from the Salvation Army.**

Salvation Army staff will contact hotels and arrange for a room and then relay hotel information to medical staff that made the referral. Salvation Army will strive to respond with details within 30 minutes. If you do not hear back in more than 30 minutes, call again.

- Mon-Fri during business hours (8am-5pm): Call or email Tara Barica
  - Email: [Tara.Barica@usc.salvationarmy.org](mailto:Tara.Barica@usc.salvationarmy.org) (Subject: Medical Voucher)
  - Phone: 608-212-6899 (not to be externally shared outside hospital staff)
- Outside of business hours call Salvation Army Shelter cell phone
  - Phone: 608- 513-2392

**5. Inform patient they will be allowed to stay at the hotel until they are deemed not infectious. A Public Health Nurse will call them to discuss their symptoms.**

- 6. Arrange transportation to the hotel for the patient.** Provide a mask and ensure patient wash their hands for the ride. The patient should be transported directly to the designated hotel from the hospital, not to Salvation Army. (Instructions for special transportation may be available soon. At this time, healthcare providers must arrange the transportation.)



# COVID-19: Medical Respite Center Participant Agreement

This agreement is between the Salvation Army of Dane County and the persons listed below (list everyone in the household who will be staying at the shelter):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*Best way to contact the participant (cell phone, email):** \_\_\_\_\_

All guests who have been provided with a voucher to stay at a motel by the Salvation Army must adhere to the following rules. Please read it thoroughly and refer as needed.

## For a Safe and Secure Stay:

1. **You were provided with this hotel stay for self-isolation to stop the spread of COVID19. Please follow all healthcare guidelines for isolation.**
  - You will need to **STAY IN YOUR ROOM.**
  - **All of your meals will be delivered to your door daily.**
  - **Focus Counseling will call you to complete a needs assessment to try to make sure you are comfortable and have everything you need during your stay.**
  - **The average stay is about 1-2 weeks long.**
  - **Please make sure to ANSWER YOUR PHONE.**
2. **You should expect to be contacted by a public health nurse during your stay. Some contacts may be in person, some may be by phone. Please *answer your phone* while at the hotel.**
3. **No family or friends who are not on the voucher are allowed to visit or stay in the room.** They could become ill if they come to the hotel.
4. Guests must allow nursing, housekeeping, or maintenance staff into the room as needed.
5. Guests must keep their own room in order and clean. The hotel has the right to not let you stay on their property if you damage the room. This includes food stains, destroyed or damaged linens, towels, and carpets, or food that is not kept in appropriate refrigeration or sealed packages. Guests are responsible to cover costs of damaged items.
6. Guests must supervise their children at all times. It is the guests' responsibility to ensure that their children do not disturb other guests. Children are not allowed to play in common areas or hallways.
7. Disorderly Conduct will result in immediate cancellation of your voucher. This includes but is not limited to:
  - Threats, acts of violence and/or compromising the safety of others
  - Engaging in illegal activities
  - Burning of items in the building/dismantling of security systems (i.e. fire alarms)
  - Theft and/or destruction of property
  - Weapons or weapon-like items on property
8. During your illness your stay at the Quality Inn is free. Guests are responsible, however, for all charges incurred beyond the cost of the room. (Damage to property/long distance phone calls).

I have read or have been read, understand, and agree to abide by these rules.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# COVID-19: Medical Respite Center Voucher Referral Form

(To be completed by medical staff)

**Fax to :** Salvation Army  
Fax: 608-256-0569

**And Call:** Mon-Fri during business hours (8am-5pm), call or email Tara Barica

- o Email: [Tara.Barica@usc.savlotionarmy.org](mailto:Tara.Barica@usc.savlotionarmy.org) (Subject: Medical Voucher)
- o Phone: 608-212-6899 (not to be externally shared outside hospital staff)

Outside of business hours call Salvation Army Shelter cell phone

- o Phone: 608- 513-2392

**From:** Hospitals/Clinic: \_\_\_\_\_

Staff: \_\_\_\_\_

Call back phone: \_\_\_\_\_

**Referred Patient Name:** \_\_\_\_\_ (DOB: \_\_\_\_\_)

**Check one of the options:**

- Initial authorization (up to one week, through the following Monday)
- Request for extension (processed weekly on Mondays by Salvation Army)

Request Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Special needs, if any:** \_\_\_\_\_

I have examined the patient listed above and the symptoms require isolation. Either I or someone I appointed has reviewed the Participant Agreement with the patient and obtained a signed agreement which I am enclosing with this fax.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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