## 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 *Climate Device Request Form*.

## **Hotel logistics checklist**

Please use the below checklist to ensure Columbia Pacific CCO'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: 503-488-2822 or 855-722-8206 or TTY 711

Your name:
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 (mm/dd/yyyy):
Estimated number of days needed: 7 nights 14 nights 28 nights 0ther 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? $\square$ Yes $\square$ No $$ If yes, please detail what the needs are:
Do you have any pets or service animals? □ Yes □ No

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

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Will the hotel accept animals?  $\Box$  Yes  $\Box$  No  $\Box$  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?  $\Box$  Yes  $\Box$  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?
Do you need a smoking room? 🛛 Yes 🖓 No
Does the selected hotel have smoking rooms available? $\square$ Yes $\square$ 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 855-722-8206 or TTY 711. We accept relay calls.

OHP-CPC-24-3712

315 SW Fifth Ave, Portland, OR 97204 | 855-722-8206 | TTY 711 | colpachealth.org