

Temporary Housing: Member Code of Conduct Form



If you are in need of an air conditioner, air purifier, heater, medication refrigerator or generator please see our *HRSN Form*.

CareOregon is happy to help you with housing options. We want this to be a good experience for you and the hotel where you stay. That's why, when we pay for your hotel room, you're required to follow all hotel rules and treat the hotel staff with respect. We need you to fill out the form and sign at the bottom to show you agree.

_____ (member name)
is being provided temporary hotel funding by CareOregon on behalf of Health Share of Oregon coordinated care organization (CCO).

Member agreement

- I will follow all hotel or motel rules.
- I understand that I'm responsible for my actions, including damage to the hotel room. I may be asked to leave the hotel or motel if I don't follow their rules.
- I have no claim to residency rights.
- I understand that hotel policy may limit the number of nights in a row that I can stay. If I need to stay longer than the hotel's policy and/or the original number of nights I have requested, I will have to submit a new request form.
- I understand the hotel or motel has a check-in time, and CareOregon may not be able to find another hotel or motel if I miss the check-in time.

I understand that I may be asked to leave the hotel if:

- I don't follow the motel/hotel rules.
- I harass hotel or motel staff or guests.
- I damage or threaten to damage hotel or motel property.
- I engage in unsafe actions that could affect the safety or health of staff or guests.
- I injure or threaten to injure any staff or guests by what I say, write, or communicate in any way.
- I bring a weapon to a hotel or motel.
- I use or threaten to use any weapon on hotel or motel property.
- I have too many unapproved guests staying with me.
- I have unapproved animals/pets/service animals with me.
- I smoke cigarettes in a non-smoking room.

Please note, CareOregon will not always be able to provide a new hotel in the future if you/the member or other guests staying with you engage in any of the above behavior.

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Member signature:

Date (mm/dd/yyyy): _____

Name of person submitting the form (if different than member):

Submitter signature:

Date (mm/dd/yyyy): _____

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

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