

# 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 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:** 503-416-4100 or 800-224-4840 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  Other \_\_\_\_\_

*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?  Yes  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:

\_\_\_\_\_

**Continued next page ►**

## Health-Related Services: Hotel Requestst

Will the hotel accept animals?  Yes  No  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?  Yes  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?  Yes  No

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

Do you need a smoking room?  Yes  No

Does the selected hotel have smoking rooms available?  Yes  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 800-224-4840 or TTY 711. We accept relay calls.

OHP-HSO-24-3712

**315 SW Fifth Ave, Portland, OR 97204 • 800-224-4840 • TTY 711 • [careoregon.org](http://careoregon.org)**