



Hospital Information for Motel Placement

Before Calling:

- Have qualified hospital staff assess the patient in accordance with the Activities of Daily Living Assessment for Motel Placement form attached** (Patient must be able to care for self without assistance as the County only provides basic necessities such as food, hygiene products, etc.)
- Patient is ready to be discharged within the hour and is willing to be placed** (The County does not have the resources to engage in multiple phone conversations to coordinate placement).
- Patient is in possession of all medically necessary items such as medications, durable medical equipment, or other items needed to aid in recovery** (County transportation is not contracted to stop and pick up meds and does not have access to durable medical equipment).
- There is high confidence the patient is able to care for self without assistance** (Carefully consider all physical and mental impairments).
- Have the patient's name, date of birth, weight, address, and phone number readily available** (The County will need the information to compare in database, determine appropriate transportation, and the ability to contact the patient directly if possible)
- Know when the patient came into the hospital, how long hospitalized, medical condition treated, any special needs** (Was patient treated for COVID or another unrelated condition? Was the patient admitted? How long? Known conditions such as diabetes, SUD, mental illness, etc.)
- Provide information regarding all COVID tests the individual has had** (Be sure to include the types, the dates of and results of all known COVID tests for each individual requesting placement)

Calling to Request Motel Placement:

- Hours of availability are 08:00 am to 10:00 pm, 7-days a week** (Please do not try to place patient outside hours of operation as placement will not be available. Motel check-in is after 3:00 pm).
- Call the Emergency Operations Center Care & Shelter Team direct via the hospital hotline at: (209) 558-2650** (Please do not share the hospital hotline number with the public and do not call Public Health for placements as they cannot place the patient).
- Fax the completed Activities of Daily Living Assessment for Motel Placement directly to the EOC Care & Shelter Team at: (209) 342-5337** (Be sure the form is legible).
- Provide your name, title, direct phone number and exact location where the patient can be picked up by the transportation company** (The driver will call you upon arrival).



Activities of Daily Living Assessment for Motel Placement

Patient Name: _____

Hospital Room No.: _____

Patient Phone Number: _____

Anticipated Discharge Date: _____

ADL Without difficulty or help With some help Completely unable Not Sure

Bathing				
Dressing				
Grooming				
Feeding				
Toileting				
Using the telephone				
Laundry				
Preparing meals				
Housekeeping				
Administering medication(s)				
Driving/Transportation				

- Does the patient ambulate with _____ Another _____ person _____ Railing _____ Cane _____ Walker _____ Wheelchair the assistance of: _____
- Is the patient able to take all of the medication(s) prescribed to them? Yes No
- How many falls has the patient experienced within the last two months? _____
- Does the patient have any concerns about memory or ability to think clearly? Yes No
- Has the patient been admitted to an inpatient mental health facility within the past two months? Yes No

Name (Print)

Title (Print)

Signature

Date