

# Hotel Requests for Health-Related Services



## Hotel Logistics Checklist

Please use the below checklist to ensure CareOregon's Health-Related Services team has all the necessary information to book a hotel for each member.

**Fax completed forms to:** ATTN: HRSFlex at 503-416-4728

**Health Related Services Phone Line:** 503-488-2808

Name of member: \_\_\_\_\_

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: \_\_\_\_\_

Estimated number of days needed:

7 nights  14 nights  30 nights  Other \_\_\_\_\_

*Please note, the maximum number of days that can be accommodated is 30 days per request.*

Does the member have ADA accessibility needs?  Yes  No

If yes, please detail what the needs are: \_\_\_\_\_

\_\_\_\_\_

Does the member have any pets or service animals?  Yes  No

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

\_\_\_\_\_

Will the hotel accept animals?  Yes  No

How many total guests will need a room? (including the member): \_\_\_\_\_

Please list number of rooms needed, if more than one: \_\_\_\_\_

How many beds are needed, and what size? \_\_\_\_\_

Will there be any children?  Yes  No

If yes, list number of children: \_\_\_\_\_ and their ages: \_\_\_\_\_

Does the member have a government-issued ID card?  Yes  No

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

Does the member need a smoking room?  Yes  No

Does the selected hotel have smoking rooms available?  Yes  No