**Chelan-Douglas COVID-19 EMERGENCY I&Q HOUSING Occupancy Agreement**

As someone who is seeking COVID-19 EMERGENCY HOUSING from Chelan-Douglas Health District (CDHD), I realize that I am staying as a guest of this organization as a participant of this program. I agree to abide by the following set of rules during my stay at the motel named below. I understand (hat failure to follow these rules and the rules of the motel will jeopardize the safety and wellbeing of those participating in this program and the organizations and businesses who are providing it.

1. I will adhere to the isolation requirements and will stay quarantined to my room for the entire duration of my approved stay, intentionally limiting my interactions with others
2. I consent being subject to continual vital signs/symptoms check(s) and understand that refusal to cooperate with vital signs/symptom monitoring will endanger the care and security of those participating in this program and all other parties involved.
3. I will NOT use any other motel amenities other than what is already provided to me in the room, such as the pool and lobby.
4. I will use trash/garbage bags provided for the sole purpose of; (a) trash and (b) dirty linens.
5. I will bring NO guests into the motel to visit or stay. I understand that only individuals approved for occupancy by Chelan-Douglas Health District, who have signed this agreement are authorized to be allowed in the motel.
6. Use of non-prescribed drugs or associated paraphernalia inside this motel is prohibited. Furthermore, I understand that evidence of intoxication or use of illegal drugs on the premises during my motel stay is not allowed.
7. I agree not to smoke or use smokeless tobacco inside this motel. You may use the smoking area located outside the motel located at the Northwest corner, toward Mission Street, passed the entrance of the property.
8. I agree not to bring into the motel any firearms, or explosive devices and will not destroy any part of this motel, the room, its contents, or premises.
9. I understand that my motel room needs to be available to my case manager for inspection and cleaning purposes periodically. I also understand that Chelan Douglas Health District Staff reserves the right to make thorough checks at other times to verify that all rules are being followed.
10. I agree to receive 3 meals a day. The meals for the day will all be delivered once in the morning. (Food

Allergies: [ ] Yes [ ] No; If yes, please list

1. I agree to keep the motel clean and to remove all and only my personal belongings when I vacate.
2. I agree to keep noise levels to a minimum so as not to disturb the neighbors, observing the quite times of 10:00 pm — 7:00 am. Any complaint by neighbors will be reported to Chelan-Douglas Health District.
3. I understand that Chelan-Douglas Health District is not responsible for lost or stolen items, or for personal injury incurred during my stay. I am staying at the motel and in the motel room at my own risk.
4. Pet Policy: Admission of any non-service animal is strictly forbidden. Service Animal Certificate must be presented, and all service animals must have current proof of immunization and be kept leashed and under control in accordance with motel policy.
5. I agree to exiting the premises of the motel upon request of Chelan-Douglas Health District due to a negative test result, a health condition that reflects no symptoms related to COVID-19 (72 hours from the last display of symptoms), or a health recommendation from health officials.
6. Upon check out of my stay (before 11 am), I will call Chelan-Douglas Health District to notify them of my departure and will leave the room key on the bathroom counter.

With my signature below I hereby acknowledge that I have read and understand the above conditions of occupancy, isolation/quarantine and agree to abide by them. Furthermore, I understand that violations of this occupancy agreement puts this vital program to the community at risk.

Individual staying in motel:(Participant Signature) (Date)

This person has accepted the terms of occupancy and is thereby approved to use the emergency housing.

Chelan-Douglas Health District COVID-19 EMERGENCY HOUSING Occupancy Agreement

Authorized by:

(Chelan-Douglas Health District Representative) (Date)