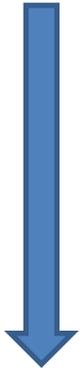


Annex I: Intake Flow Chart

Housing a Client

Alternate Housing- COVID 19

WORKFLOW ITEM	ACTION REQUIRED
<div data-bbox="99 447 516 594" style="background-color: #4F81BD; color: white; padding: 5px; text-align: center;">Individual(s) Identified with Alternate Housing Need</div> <div data-bbox="261 604 342 974" style="text-align: center;">  </div>	<p>Individual is in need of housing and falls in one of the following categories:</p> <ul style="list-style-type: none"> • Persons who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals) • Persons who have been exposed to COVID-19 and do not require hospitalization; and • Asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as homeless or disadvantaged individuals in communities with multiple instances of community spread of COVID-19, healthcare workers serving patients or caring for persons who have tested positive for COVID-19, first responders having regular contact and personal interactions with members of the public in communities with multiple instances of community spread of COVID-19, and/or people over 65 or with certain underlying health conditions (e.g. respiratory, compromised immunities, chronic disease) <p><i>Local health department contact information:</i> http://www.idph.state.il.us/LHDMap/HealthRegions.aspx</p>
<div data-bbox="99 999 516 1146" style="background-color: #4F81BD; color: white; padding: 5px; text-align: center;">Individual Screened by Local Health Department</div> <div data-bbox="261 1136 342 1262" style="text-align: center;">  </div>	<ul style="list-style-type: none"> • Certify that the individual falls into one of the qualifying categories above • Identify any conditions such as mental health, other medical needs, etc., that could exceed the available alternate housing resources • If the individual is not excluded, identify accommodations that will be provided by the county upon placement in Alternate Housing
<div data-bbox="99 1287 516 1434" style="background-color: #4F81BD; color: white; padding: 5px; text-align: center;">Local Health Department Approves Referral to Alternate</div> <div data-bbox="261 1444 342 1507" style="text-align: center;">  </div>	<ul style="list-style-type: none"> • LHD will obtain a signed <ul style="list-style-type: none"> • ROI consent and • Isolation/Quarantine Agreement or First Responder/Healthcare Worker Agreement • County LHD and EMA initiate emergency housing placement with IDHS COVID-19 Ready Provider
<div data-bbox="99 1539 516 1665" style="background-color: #4F81BD; color: white; padding: 5px; text-align: center;">County Assesses Housing Capacity</div> <div data-bbox="261 1675 342 1759" style="text-align: center;">  </div>	<ul style="list-style-type: none"> • If IDHS COVID 19 Ready Providers are at capacity, County will seek placement using Alternate Housing Plan. • County assesses whether its Alternate Housing Plan capacity (e.g. 25 persons) has been exceeded • If county capacity is exceeded, county evaluates other potential sources for housing • If additional technical support is needed, county contacts IDHS for assistance

<div style="text-align: center;"> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-bottom: 10px;">Individual Assigned to Alternate Housing</div>  </div>	<ul style="list-style-type: none"> • Client provided with information on available social and ancillary services, if applicable • Coordinate arrival and length of stay with county-designated alternate housing coordinator
<div style="text-align: center;"> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-bottom: 10px;">Transportation</div>  </div>	<ul style="list-style-type: none"> • Individual seeking housing is encouraged to provide their own transportation • Transportation arrangements should be made if the client will be in quarantine or isolation and cannot provide their own transportation. Local EMA will work to establish services
<div style="text-align: center;"> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-bottom: 10px;">Check-In</div>  </div>	<ul style="list-style-type: none"> • Client will provide housing referral information/proof upon check-in to the county-designated alternate housing coordinator • County-designated alternate housing coordinator will review their screening information with the client and discuss, if applicable: <ul style="list-style-type: none"> • Any ancillary services required (prescription needs, interpreters, etc.) • Dietary restrictions & allergies • Ground rules at facility
<div style="text-align: center;"> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-bottom: 10px;">Ongoing</div>  </div>	<ul style="list-style-type: none"> • If meals are provided, they will be dropped off in front of their door. (Drop & knock) • Client will monitor daily temperatures / symptoms throughout their stay and report to the local health department • The county-designated alternate housing coordinator will track resources/needs and report daily to the appropriate county department(s) • If symptoms emerge, the client will notify their LHD representative immediately. In case of emergency, call 911
<div style="text-align: center;"> <div style="background-color: #4f81bd; color: white; padding: 5px; margin-bottom: 10px;">Check-Out</div> </div>	<ul style="list-style-type: none"> • If asymptomatic, discharge after the appropriate stay outlined in County Plan • If symptomatic, discharge approval determined by the LHD • LHD will confirm end of stay with the client <ul style="list-style-type: none"> • Individuals experiencing homelessness: client to be referred to IDHS for ongoing homeless services • Any changes to the length of stay at the alternate housing site must be authorized by the LHD • Cleaning of room and linens prior to room reassignment