



**San Francisco Community Health Center**

**Temporary Hotel Placement- Provider Responsibilities (EXTERNAL)**

**Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Client DOB:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Provider Contact Information** (phone & email): \_\_\_\_\_

In referring (client name) \_\_\_\_\_ to temporary hotel placement, (provider name) \_\_\_\_\_ understands that San Francisco Community Health Center (SFCHC):

- Is solely booking a hotel room for the client and is not responsible for any issues or incidents that occur in the hotel room or on the hotel property.
- Will not provide assistance should their client be asked to leave the hotel room/property before their scheduled check-out date.
- Will not provide a new hotel room IF their client was exited early from a previous room due to behavior issues, and/or damage.
- Is not solely responsible for ensuring that the client has sufficient resources (i.e. clothing, food, hygiene supplies) during their stay and that they as the provider may be responsible for supporting their client with navigation to essential resources.
- Is not solely responsible for linkage and navigation to care and treatment should their client be in need of any type of medical or behavioral health services. The provider understands that should their client require care and treatment that they may be responsible for supporting their client with navigation to care and treatment.

By signing below, (provider name) \_\_\_\_\_ understands that San Francisco Community Health Center is solely booking a hotel room for (client name)

\_\_\_\_\_ and that San Francisco Community Health Center is not responsible for any of the above mentioned items.

**Provider Name:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_