

Kittitas County Emergency Housing Hotline Referral Form

Date: _____ Time: _____ am pm

Referent Name: _____ DOB: _____

Gender: M F Family Size: _____ (List additional family members below)

Name

Relationship

Current Location: _____

Call Back Phone Number (if available): _____

Referring Organization: _____

(Include Name, Agency and Phone Number)

☐ Screening Guide Completed (*on back of form*)☐ Approved for _____ Nights at☐ Nites Inn Motel 1200 S. Ruby (behind McDonald's), Ellensburg, WA 98926, (509) 962-9600 (first choice for hotel stay in Ellensburg).☐ Thunderbird Motel, 403 University Way, Ellensburg, WA 98926, (509) 692-5585☐ Stewart Lodge, 805 W. 1st Street, Cle Elum, WA 98922, (509) 674-4548 or 674-5426

Steps to Complete the Referral:

1. Inform the Referent of the name/address of motel (authorize transportation if necessary)
2. Contact motel, give the referent name, date of birth, number of nights approved stay
3. Contact Taxi for transportation (Rodeo Town Taxi, 509-929-4222)
4. Referral form is faxed to Kittitas County Housing Authority for follow-up and referral (509) 962-9006; fax – 509 – 962-3575

☐ Approved for Yakima Union Gospel Mission, 1300 N. 1st St, Yakima, WA (509-248-4510)

Steps to complete the Referral:

1. Inform referent to stay at current location, taxi transportation will be provided to Yakima Mission
2. Contact Yakima Mission, provide appropriate information. If there is no room at the Mission, approve one night stay at hotel and provide information to HAKC via fax.
3. Contact Rodeo Town Taxi at (509-929-4222), give the referent name and location, instruct taxi company to transport to Yakima Mission.

☐ Not Approved☐ Repeat Caller☐ Not Kittitas County resident☐ Has alternative housing resource☐ Not willing to engage with local service provider☐ Not agreeable to Motel Visitor Agreement (*on back of form*)_____
Crisis Clinic Staff Signature_____
Date

Kittitas County Emergency Housing Hotline Screening Guide

1. Are you a Kittitas County Resident? ☐ Yes ☐ No
2. What is your county or city of residence? _____
3. Where have you been living? _____
4. Where did you stay last night? _____
5. Can you stay there again tonight? ☐ Yes ☐ No
6. Do you have friends or family you stay with until the next business day?
 ☐ Yes ☐ No
7. Is this an emergency? ☐ Yes ☐ No
8. Describe the nature of the emergency: _____

9. Are you willing to work with a local agency and receive services?
 ☐ Yes ☐ No (*If NO to #9, then ask #10*)
10. Are you willing to go to the Mission in Yakima where there is free housing, food, and
services (children not allowed)? ☐ Yes ☐ No

Motel Visitor Agreement

This referral is for hotel housing only. All food deliveries, pay per view, long distance phone calls, etc. are the responsibility of the occupant.

1. No visitors in your room
2. No alcohol or drugs in your room
3. No weapons in the room
4. Do not disturb other guests with noise or calls
5. Keep room clean and free of damage; assume responsibility for any damage that occurs
6. Monitor children 24/7, if applicable
7. Be in room until 10 am on the next business day so you can be contacted by a referral agency.

If you violate this agreement during your stay, you will be instructed to vacate the motel immediately!

Does the referent agree to the Motel Visitor Agreement? Yes No