

Mescalero COVID-19 Isolation Site - Intake Form

To be filled-out by Tribe when Individual arrives at site.

Date: _____ Time: _____	Name: _____	
Meets qualifying criteria:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Known exposure	DOB: _____ Census Number: _____	
<input type="checkbox"/> Positive COVID19 test	Phone Number: _____	
<input type="checkbox"/> Unable to self-isolate at home	Mailing Address: _____	
<input type="checkbox"/> Does not need assistance with Activities of Daily Living	Physical Address: _____	
<input type="checkbox"/> Does not require medical care	Description of Vehicles (Year, Make/Model, & Color): _____	
Referred By: _____	Emergency Contact: _____	
Intake checklist:	Relationship: _____	
<input type="checkbox"/> Intake form completed/signed	Emergency Contact Phone Number: _____	
<input type="checkbox"/> Information packet reviewed	Names & Ages of Other Household Members: _____	
<input type="checkbox"/> Agreements/Waivers/Releases signed		
Completed By: _____		

MESCALERO COVID-19 ISOLATION SITE

Occupant Agreement Form

You have been referred by a clinician to self-isolate to protect yourself and others. This is a voluntary isolation, and you may check out at any time. It is to protect you, your family, and the community and to help prevent the spread of COVID-19.

If you do not agree to the statements below and follow them during your stay, you may be asked to leave:

I, _____ [PRINT NAME], hereby agree to all of the voluntary isolation guidelines listed below and I acknowledge that if I do not adhere to each of these guidelines, I will be asked to leave the isolation site immediately:

Please initial:

- ___ You agree that this isolation site is intended for individuals who are infected or suspected to be infected with COVID-19. You further agree that if a medical professional determines that you are no longer ill and that you are no longer contagious, you must leave the isolation site to make space for new cases of infection.
- ___ No visitors or pets of any kind are allowed in this site. You should refrain from entering rooms/RVs that are not assigned to you. You should not congregate with others (outside of your immediate family) at the site.
- ___ No smoking or vaping in your room or anywhere on the site. If you are caught violating this rule, you agree to pay for the consequent cleaning and/or any damages that may come from it and you may be discharged.
- ___ No alcohol or illegal drugs are allowed on the site. You will be discharged for violating this rule.
- ___ You understand that if you leave the site you will not be allowed to continue your stay in the site.
- ___ No weapons are allowed anywhere within the site.
- ___ There will be security staff and medical personnel on site.
- ___ You may bring laptops, phones, other games and Internet is provided.
- ___ You may contact friends or family to drop off clothing or medications. However, they should refrain from coming within ten (10) feet of any person at the site and should not enter any RVs or rooms. They are required to wear masks and gloves.
- ___ You consent to a search of all property coming into the site.

- ___ You may contact staff for personal items by phone.
- ___ For the duration of your stay, you agree to comply with medical monitoring conducted by medical staff of IHS/NMDOH.
- ___ You may call medical staff of IHS/NMDOH or Mescalero Apache Fire & Rescue during the night and discuss your medical/mental health if there are changes.
- ___ If you, or the IHS/NMDOH medical staff, determine that you need to be transported to a hospital, an ambulance will be called to transport you to the nearest/most appropriate site.
- ___ No loud music or disturbances are allowed.
- ___ You agree to take care of your personal hygiene and cleanliness of the room/RV.
- ___ If your trash is full, place in plastic bag, tie, leave it outside your door and notify the Tribe.
- ___ You understand that any items you bring to the isolation site are your responsibility, and the Tribe is in no way responsible for lost, missing, stolen, or damaged items.
- ___ You understand that you will be held responsible for any damage to the room/RV. You agree that you will reimburse the Tribe for any damages caused by you or others listed on your Intake Form.
- ___ You have carefully read and fully understand all the provisions of this form.
- ___ You are freely knowingly, and voluntarily signing this form.

I agree to the above and I realize this VOLUNTARY stay is to protect me, family, and the community and to help prevent the spread of the disease.

Signed _____ Date/Time Admitted: _____

Signed _____ Date/Time Discharged: _____

COVID-19 PATIENT TRACKING FORM FOR USE BY LOCAL EMERGENCY MANAGER

Name	DOB	Date of entry	DC or Transfer to:	Receiving contact info (if applicable)	DOH Initials
Address or Tribal affiliation		Referral agency	DC or Transfer date:		Client initials
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