

# Department of Correction

## Emergency Lodging Request Form

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The Department of Correction is offering staff that have had interactions with individuals that have been confirmed COVID-19 positive or suspected to be COVID-19 positive an opportunity to utilize temporary emergency lodging. This lodging is being made available on a short term basis through a list of participating hotels.

This lodging is also being made available for the purpose of separating an employee from family members who are currently being self-quarantined or quarantined by the direction of a medical provider. Additionally, this lodging is available to allow an employee who meets the above criteria from returning home. This is if they have no alternative lodging available to them and they believe they will be placing their family members at risk of exposure.

**\*STAFF MAY ONLY STAY AT PROPERTIES LISTED ON THE ATTACHED PARTICIPATING HOTEL LIST\***

Name and Title of requesting employee: \_\_\_\_\_

Employee number: \_\_\_\_\_

Employee contact telephone number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Employee Facility/Duty Station: \_\_\_\_\_

Reason for requesting lodging:

I have had interactions with individuals that have been confirmed COVID-19 positive or suspected to be COVID-19 positive

I have family members who are currently being self-quarantined or quarantined by the direction of a medical provider

I believe I will be placing my family members at risk of exposure if I return home.

Hotel you plan to stay at: \_\_\_\_\_ Location: \_\_\_\_\_

Personnel in emergency lodging must adhere to all State and Federal laws and regulations and Department Administrative Directives, and only department members, no guests, will be permitted within assigned rooms. This program covers the cost of the room. The Department will not cover any other charges, including but not limited to food/room service, hotel/motel services or other amenities provided for a fee by the hotel/motel. Please note: the list of participating hotels is subject to change based on room availability.

This form is to be completed by personnel requesting emergency lodging (this can be done personally or through your chain of command via the phone). Wardens/Directors, once fully completed, this form must be scanned and forwarded via email to Lisa LeFrancois at [LisaM.Lefrancois@ct.gov](mailto:LisaM.Lefrancois@ct.gov).

Signature of requesting employee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of employee's supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Warden/Unit Director: \_\_\_\_\_ Date \_\_\_\_\_