



**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

**Community Development Block Grant
COVID-19 Quarantine Motel Voucher Program**

APPLICATION

Date: _____

APPLICANT INFORMATION:

Name: _____ Social Security Number: _____

DOB (MM/DD/YYYY): _____ Age: _____

Home Address: _____ in Laredo, TX Zip Code: _____

Phone Number(s): _____ e-mail: _____

Race: _____ Hispanic (Y/N): _____
(Ex. White American, Black or African American, Asian American, Other)

REASON TO QUARANTINE:

- Positive Case
- Other (Referred by a Health Official to quarantine)

REASON FOR NOT BEING ABLE TO QUARANTINE IN YOUR OWN HOME:

PLEASE CHECK OFF THE ASSISTANCE/ITEMS YOU NEED DURING YOUR QUARANTINE STAY:

NOTE: This question is for referral purposes only. The City and partnering agencies are **not** required to provide any of these services/items under this program.

Meals (Individuals participating in this program are **not** allowed to leave the motel room to obtain food. Food can be delivered by the program on a daily basis outside the room including breakfast, lunch and dinner.)

Mental Health **Hygiene Kit** **Clothing (Size: _____)**

Medication **Counseling** **Transportation**

Personal Protective Equipment (PPE) **Other: _____**

NOTE: Applicants must bring their own personal hygiene items, clothing, and other needed items for their stay.

APPLICANT'S INITIALS _____

DUPLICATION OF SERVICES:

INITIALS

By signing this application, you certify that you are **not** receiving or waiting to receive quarantine assistance from another source or under another program and the City of Laredo’s “COVID-19 Quarantine Motel Voucher Program” is the only quarantine program assisting you at this moment. Approved applicant who receive assistance under this program must repay the City of Laredo the amount of funds used to assist him/her to quarantine if assistance was found to be duplicated.

PROGRAM RULES:

INITIALS

All individuals quarantining under this program must follow all motel/hotel rules. In addition:

- Individuals must not leave their assigned motel/hotel room during the quarantine period for any reason, until clearance is provided.
- Individuals are not allowed to receive visitors at the motel/hotel premises (including room, lobby and outdoor area)
- Individuals must take care of their room (no damages), keep it clean and allow housekeeping staff access as needed.
- Alcohol, substance use, weapons, or other illegal activity on the property is not permitted.
- Individual must not engage in loud or disruptive activities that could affect their neighbors (loud TV/music, late night loud noise, etc.)
- Individual must not engage in behavior that endangers the health or safety of motel/hotel guests or staff.
- Individual must allow for city staff and partnering agencies staff to communicate and/or meet with them if deemed necessary.
- All personal belongings must be removed from the room upon termination of assistance.
- Individuals must agree to vacate motel/hotel premises voluntarily upon termination of assistance.
- Individual agrees to contact the Community Development Department at (956)523-0225 if any questions or needs arise during the stay.
- Individual must behave in a proper manner. Assault or other violent behavior is not acceptable.
- Individuals must not be involved in the theft of hotel premises items.

TERMINATION OF ASSISTANCE:

Any individuals quarantining at a participating motel/hotel under this program could have their quarantining assisting terminated if any of the program rules are violated or individual is found to be out of compliance.

Once an individual has violated any of the program rules, CD staff will:

1. Contact motel/hotel to inform staff the name of the individual for which assistance will be terminated and the effective date of termination.
2. Contact individual quarantining under this program to inform him/her that the assistance has been terminated and he/she must leave the motel/hotel premises.

The city has the right to terminate the program with the motel/hotel and/or applicant if found to be in violation of program policy and procedure and/or rules.

Applicant has the right to voluntarily withdraw from this program by notifying city staff with a minimum of a one-day notice by calling (956)523-0225.

The motel/hotel has the right to terminate the assistance under this program if rules are violated or as deemed necessary with proper notification to the applicant and the city.

INDEMNIFICATION

To the extent permitted by the Constitution and the laws of the State of Texas, the Applicant shall

APPLICANT’S INITIALS _____

indemnify, defend and hold harmless the City of Laredo and their respective directors, officers, employee, agents, from and against all losses, liabilities, damages, settlements, claims, actions, suits, penalties, fines, costs or expenses (including reasonable attorneys' fees, experts' fees and other costs of investigation or defense at any stage of the proceedings) which may be sustained or incurred as the result of any negligent or willful act, omission, or conduct of the motel/hotel or any of its personnel, occurring in the course of the performance of this program. This indemnity obligation shall survive the expiration or termination of this agreement.

NONDISCRIMINATION

The program shall not, in the provision of services or in any other manner, discriminate against any person on the grounds of age, race, color, creed, religion, sex, handicap, national origin, or familial status.

CERTIFICATION

Each person signing below certifies to the following: (1) To the best of my knowledge and ability, all of the information used in this application is true and complete. (2) I am not related to the program employee reviewing my application through family, business or other personal ties. (3) I understand that fraud is investigated by the U.S. Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (4) I understand that if any of these certifications is found to be false, I could be subject to criminal, civil and administrative penalties and sanctions.

Signature of Applicant: _____ Date: _____

Authorized Representative: _____ Date: _____

PLEASE ENSURE **ALL** OF THE FOLLOWING ITEMS ARE INCLUDED AS PART OF YOUR E-MAIL IN ORDER TO APPLY FOR THE PROGRAM AND AVOID DELAYS IN THE PROCESS:

- Complete and signed program application
- Program General Releases (1 page)
- Waiver Agreement
- City of Laredo "Quarantine Referral Form" signed by a health provider
- Photo of Texas issued ID
- Photo of Social Security Card

PLEASE E-MAIL APPLICATION AND DOCUMENTATION TO: CDADMIN@CLLAREDO.TX.US IN ORDER TO PREVENT EXPOSURE TO COVID-19, NO IN PERSON APPLICATIONS WILL BE ACCEPTED, ALL APPLICATIONS MUST BE E-MAILED.

FOR OFFICE USE ONLY

Under penalty of perjury, I certify that to the best of my knowledge and ability, all of the information used in this application is true and accurate. I understand that fraud is investigated by the U.S. Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws.

Application **reviewed** by:

Staff Name (Print): _____ Date: _____

Application **approved** by:

Staff Name (Print): _____ Date: _____



APPLICANT'S INITIALS _____



**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

**Community Development Block Grant
COVID-19 Quarantine Motel Voucher Program**

PROGRAM GENERAL RELEASES

I (we) _____ authorize City of Laredo’s Community Development Department COVID-19 Quarantine Motel Voucher Program or its designated agents to obtain and receive all records and information pertaining to eligibility for the program, from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the program staff the right to request all information that we can or could obtain from any persons, company, or firm on any matter regarding this program. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to program staff for purposes of the program.

I (we) _____ authorize city staff to disclose any or all information provided in my application to agencies that may offer assistance to me. I (we) authorize the program to release this information without liability to the program staff and/or the City of Laredo. The release of information does not guarantee that I will receive assistance from an agency. Agencies will determine if assistance is available at the time the information becomes available to them. The City and partnering agencies are not required to provide any of these services/items under this program.

I (we) _____ authorize city staff to release the “CLEARANCE FORM FOR TERMINATION OF ASSISTANCE” and all information from it to the City of Laredo Health Department.

I (we) _____ authorize city staff to verify with other persons, company, or firm if I have received or I am waiting to receive services including but not limited to quarantine, rental, mortgage and/or utility assistance under another program, agency or from another person in order to verify and avoid duplication of services.

Signature

Date

Address





**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

**Community Development Block Grant
COVID-19 Quarantine Motel Voucher Program**

WAIVER AGREEMENT

The City of Laredo (“City”) on condition of your signing this waiver and affirming the promises and statements contained below, agrees to permit you to participate in the COVID-19 Quarantine Motel Voucher Program at a participating motel/hotel.

I, _____ acknowledge the following statements are true:

I acknowledge that my participation in COVID-19 Quarantine Motel Voucher Program entails known and unanticipated risks that could result in physical or emotional injury, damage to me, to my property, or to third parties.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

On behalf of myself, my heirs, personal representatives and executors, I hereby disclaim, release and waive any and all claims against the City for personal injuries or damages to property sustained by myself or any other person arising out of my participation in the COVID-19 Quarantine Motel Voucher Program including claims and damages arising in whole or in part from the negligence of the City, its agents or employees.

IT IS MY EXPRESS INTENT TO RELEASE THE CITY FROM ANY AND ALL CLAIMS ARISING FROM MY PARTICIPATION IN THE VOLUNTEER SERVICE REGARDLESS OF WHETHER SUCH CLAIMS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS AGENTS OR EMPLOYEES.

In signing this release and waiver I am relying wholly upon my own judgment, belief and knowledge. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the COVID-19 Quarantine Motel Voucher Program, I may be found by a court of law to have waived my right to maintain a lawsuit against the City on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

SIGNATURE OF APPLICANT

AUTHORIZED REPRESENTATIVE

Date





**CIUDAD DE LAREDO
DEPARTAMENTO DE DESARROLLO DE LA COMUNIDAD**

**Community Development Block Grant
COVID-19 Programa de Asistencia de
Hotel durante Cuarentena**

ACUERDO DE RENUNCIA

La ciudad de Laredo ("Ciudad") con la condición de que usted firme esta renuncia y afirme las promesas y declaraciones contenidas a continuación, se compromete a permitirle participar en el "COVID-19 Programa de Asistencia de Hotel durante Cuarentena" en un motel/hotel participante.

Yo, _____ reconozco que las siguientes afirmaciones son verdaderas:

Reconozco que mi participación en el "COVID-19 Programa de Asistencia de Hotel durante Cuarentena" implica riesgos conocidos e imprevistos que podrían resultar en lesiones físicas o emocionales, daños a mí, a mi propiedad o a terceros.

Certifico que tengo un seguro adecuado para cubrir cualquier lesión o daño que pueda causar o sufrir mientras participo, o de lo contrario acepto asumir los costos de dicha lesión o daño a mí mismo. Certifico además que estoy dispuesto a asumir el riesgo de cualquier condición médica o física que pueda tener.

En nombre mío, mis herederos, representantes personales y ejecutores, por la presente renuncio y libero a todas y cada una de las reclamaciones contra la Ciudad por lesiones personales o daños a la propiedad sufridas por mí o cualquier otra persona que surja de mi participación en el "COVID-19 Programa de Asistencia de Hotel durante Cuarentena", incluyendo reclamos y daños que surjan en su totalidad o en parte de la negligencia de la Ciudad, sus agentes o empleados.

ES MI INTENCIÓN EXPRESA LIBERAR A LA CIUDAD DE CUALQUIER Y TODAS LAS RECLAMACIONES QUE SURJAN DE MI PARTICIPACION EN EL SERVICIO VOLUNTARIO, INDEPENDIEMENTE DE SI DICHAS RECLAMACIONES SE FUNDAN EN TODO O EN PARTE SOBRE LA PRESUNTA NEGLIGENCIA DE LA CIUDAD, SUS AGENTES O EMPLEADOS.

Al firmar esta liberación y renuncia, confío plenamente en mi propio juicio, creencia y conocimiento. Al firmar este documento, reconozco que si alguien resulta herido o la propiedad se daña durante mi participación en el "COVID-19 Programa de Asistencia de Hotel durante Cuarentena", puedo ser encontrado por un tribunal de justicia que he renunciado a mi derecho a mantener una demanda contra la Ciudad sobre la base de cualquier reclamo del cual los he liberado en este documento. He tenido la oportunidad suficiente de leer todo este documento. Lo leí y lo entiendo, y acepto estar obligado por sus términos.

Firma del Aplicante

Representante Autorizado

Fecha

