

Appendix 3.4  
Joint Shelter Hotel Project  
Stay-at-Home and Social Distancing Agreement

Governor Tim Walz has issued an executive order requiring Minnesota residents to stay at home in an effort to slow the spread of the deadly coronavirus COVID-19. The order includes social distancing requirements and other measures designed to slow the spread and protect people in the community from transmission. Because of this, shelters are unable to house as many people as in the past. The Joint Shelter Hotel Project was developed to ensure that those fleeing violence in their homes could have a safe place to live in compliance with the Governor's order.

We are requiring that people who live in hotels under this project comply with the Governor's order as a condition of their stay. We recognize that these requirements might be difficult but they are necessary in order to slow the spread of the disease and save lives. Those who are unwilling or unable to comply with the following requirements will be assisted in finding other housing.

Please sign below indicating the acceptance of the following terms:

I agree to follow the Governor's stay-at-home order, including:

- Not leaving the hotel except for work or for essential appointments.
- Working with my shelter advocate about any work-related or essential appointment that requires me to be away from the hotel.
- Signing in and out with the onsite advocate.

I agree to comply with social distancing requirements, including:

- Staying in my room as much as possible.
- Wearing masks when outside of our room. (Children who are under the age of 5 are exempt from this requirement.)
- Staying at least 6 feet away from others to the extent possible when outside our room.
- Using hand sanitizer or washing hands with soap and water when leaving or entering the hotel, the advocate office or any other space in the hotel.

I agree that if additional measures are recommended or required by the Governor's office that I will comply. I agree that if I am unable or unwilling to comply with these requirements other housing arrangements will need to be made for me and my family.

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Participant's name	Signature	Date
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Advocate's name	Signature	Date
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