



Butte County Non-Congregate Shelter Certification

Client Name: _____

Client DOB: _____

Client meets FEMA criteria for COVID-19 public assistance for non-congregate shelter in the following way*:

*It is the responsibility of the referring agency to retain and maintain physical verification of the client qualifiers.

Tested positive for COVID-19, does not require hospitalization, but needs isolation or quarantine (including those exiting from hospitals).

Has been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) does not require hospitalization, but needs isolation or quarantine. Test results pending.

Is asymptomatic, but is at "high-risk,"; Over 65 OR has certain underlying health conditions (respiratory, compromised immunities, chronic disease), AND who require Emergency NCS as a social distancing measure.

Referring Agency: _____ Staff Member: _____
(Print Name)

Date Referral Made: _____

Information Certified By:

(Self) Client: _____ Date: _____
(Signature)

Agency Staff: _____ Date: _____
(Signature) (Print Name)

Public Health Official or
Medical Health Professional: _____ Date: _____
(Signature) (Print Name)

Certifying Official or Professional: Public Health Other: _____

Please scan and email completed form to: HHSupport@buttecounty.net

Email questions to: HHSupport@buttecounty.net