

CBO Attestation Script

(for use during surge, when declared by your county/ local public health authority)

During surges, we do not have full access to contact tracing services. These forms are proof of close contact or a case to allow individuals and households to receive wraparound services.

This document is a tool to complete the self-referral process for clients seeking COVID-19 related services. CBOs should use their best judgment along with the attestation forms when screening individuals for services.

1. How to approve a close contact

- a. Were you within six feet of a confirmed case (meaning the person had a positive test result) OR a presumptive positive case (the person has symptoms and was a close contact of a confirmed case, but does not yet have a test result)?
 - i. If Yes, move to the next question.
 - ii. If No move to **No** response.
- b. Were you around this person for 15 minutes or more?
 - iii. If Yes, move to the next question.
 - iv. If No move to **No** response.
- c. Was the person showing any symptoms?
 - v. If Yes move to **Yes** response.
 - vi. If No move to **Yes** response.
 - vii. If unsure move to **Yes** response.

YES — We can assist you today, however we encourage you to try and get a COVID 19 test to confirm your status. Do you need help finding a place to get a test? <https://govstatus.egov.com/or-oha-covid-19-testing>

NO — Unfortunately at this time you do not meet the public health guidelines to receive COVID related services. Let's see if there are other Safety Net resources you might be eligible for today.

2. How to approve a case

- a. Can you share a copy of your positive test result?
 - i. If Yes move to **Yes** response.
 - ii. If No move to **next question**.
- b. Do you have two or more of the following symptoms?

**Two or more symptoms necessary*

- Fever or Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- i. If Yes move to **Yes** response.
 - ii. If No move to **next question**.

- c. Did you have COVID-19 symptoms (*mentioned above*) within the last 10 days and ALSO was a close contact of a confirmed COVID-19 positive case?
- i. If Yes move to **Yes** response.
 - ii. If No move to **No** response.

YES — We can assist you today, however we encourage you to try and get a COVID 19 test to confirm your status. Do you need help finding a place to get a test? <https://govstatus.egov.com/or-oha-covid-19-testing>

NO — Unfortunately, at this time, you do not meet the public health guidelines to receive COVID related services. Let's see if there are other Safety Net resources you might be eligible for today.

You can get this document in other languages, large print, braille or a format you prefer. Contact the OHA Community Engagement Team at community.covid19@dhsoha.state.or.us. We accept all relay calls or you can dial 711.