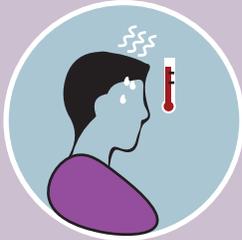
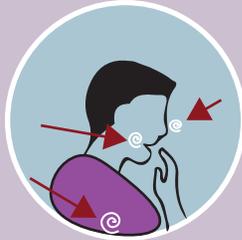


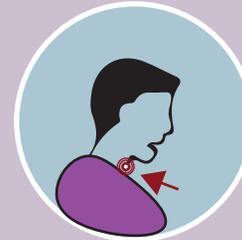
# HAVE SYMPTOMS?



FEVER



NAUSEA, VOMITING,  
OR CHANGES IN TASTE/SMELL



SORE THROAT



HEADACHE,  
MUSCLE PAIN



COUGH



SHORTNESS OF BREATH,  
DIFFICULTY BREATHING

\*\*\*OTHER SYMPTOMS INCLUDE: CHILLS, REPEATED SHAKING WITH CHILLS, OR DIARRHEA

## GET A TEST

THE FOLLOWING CLINICS ARE AVAILABLE TO TEST PATIENTS WITH SYMPTOMS WHO ARE UN- OR UNDER-INSURED:

**CULPEPER FREE CLINIC -**  
610 LAUREL ST. # 829.5032

M, Tu, Th  
9a-3p

W  
9a-12p

Must call for a  
COVID-19 test.

**FAUQUIER FREE CLINIC -**  
35 ROCK POINTE LN. # 347.0394

M  
10a-12p

Tu-W  
9a-4p

Th  
10a-4p

F  
9a-2p

Must have an appointment  
for all services.

**UVA PRIMARY CARE CULPEPER / COMMONWEALTH  
RESPIRATORY CLINIC - 16268 BENNET RD. # 825.6263**

M - F  
10a-7p  
Starting 6/1

M - F  
8a-5p  
Until 5/31

Testing Available on Site:  
VDH for Free Clinic  
Referrals, LabCorp

**PIEDMONT URGENT CARE FAUQUIER -**  
493 BLACKWELL RD. # 347.5200

DAILY  
8a-7p

Testing for persons w/symptoms  
& with or without appointment.

**FAUQUIER HEALTH HOSPITAL, EMERGENCY ROOM**  
Everyday, Anytime  
\*Must be evaluated by hospital staff.

**NH UVA CULPEPER MEDICAL CENTER OUTSIDE THE  
EMERGENCY ROOM**

Everyday, Anytime  
\*Must have symptoms,  
and be evaluated by hospital staff.

**ORANGE FREE CLINIC - 101 C WOODMARK ST.**  
NO on-site testing for COVID-19  
For Testing Referrals - Call 540-672-0793  
or Spanish - 540-948-4964 (Crystal)

**PARKING LOT OF WALMART IN CULPEPER**

Persons with Symptoms, Medical Staff, or  
First Responders; Pre-Registration &  
Appointment Required from  
[www.doineedacovid19test.com](http://www.doineedacovid19test.com)  
\*Dates and Times Vary

**MADISON FREE CLINIC - 410 N MAIN ST. # 948.3667**

Tu  
3p-6p

W  
9a-12p

Th  
4p-7p

Madison residents w/appt., any county  
w/appt. & referral from VDH or doctor.

# Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to help protect other people in your home and community.

## Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated.
- **Get medical care when needed.** Call your doctor before you go to their office for care. But, if you have trouble breathing or other concerning symptoms, call 911 for immediate help.
- **Avoid public transportation,** ride-sharing, or taxis.



## Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
  - See COVID-19 and Animals if you have questions about pets: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>



## Monitor your symptoms.

- **Common symptoms of COVID-19 include fever and cough.** Trouble breathing is a more serious symptom that means you should get medical attention.
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include\*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

**Call 911 if you have a medical emergency.** If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

## Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office.** This will help the office protect themselves and other patients.



## If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.



**Note:** During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.



## Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



## Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



## Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.



## Clean all “high-touch” surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.



High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective.

## How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:



- **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
  - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)AND
  - other symptoms have improved (for example, when your cough or shortness of breath has improved)AND
  - at least 10 days have passed since your symptoms first appeared.
- **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
  - You no longer have a fever (without the use of medicine that reduces fevers)AND
  - other symptoms have improved (for example, when your cough or shortness of breath has improved)AND
  - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

**In all cases, follow the guidance of your healthcare provider and local health department.** The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

# Staying mentally healthy in a pandemic

## Taking a break

Daily activities like working remotely and even watching the news can be stressful. So be sure to step back and take time for yourself.

### Turn off the news



It's good to be informed, but hearing constantly about the pandemic can be upsetting.

### Put down the phone



Too much phone time hurts your eyes and posture. Put it away and recharge yourself, too.

### Schedule "me" time



Working from home? Reserve time for getting fresh air, exercise or simply resting your mind.

### Do something fun



Make sure to leave time for enjoyable activities like cooking, reading or listening to music.

## Caring for yourself

The COVID-19 pandemic has disrupted everyone's normal daily routine. That's why it's especially important to take care of your mind and body during this time.

### Slow down



Stretching, deep breathing and meditation enhance your overall fitness and well-being.

### Eat healthy



Takeout may be especially tempting now, but be sure to maintain a well-balanced diet.

### Exercise



Regular physical activity helps you feel better, improves your sleep and can help you fight disease.

### Sleep



A good night's sleep helps regulate your mood, energy levels and immune system.

## Connecting with others

Social distancing doesn't mean being socially isolated. A sense of connection is important for handling stress in a healthy way.



### Talk about it

Make a phone call or jump on a video hangout and share your thoughts or concerns.



### Check in

Know someone who may be struggling even more? Reach out and see how they're doing.



### Get Help

If you're overwhelmed with depression, sadness or anxiety, you can visit [samhsa.gov/disaster-preparedness](https://www.samhsa.gov/disaster-preparedness), call 1-800-985-5990 or text "TalkWithUs" to 66746.

*If you're worried about harming yourself or others - or know someone else who might be - call 911.*

## Dealing with your emotions

During the pandemic, it's normal to feel powerful emotions, such as fear, hopelessness, and grief over a sense of loss.

### Know you're not alone



If you're grieving a loved one, a job loss or normalcy, remember that others are feeling it, too.

### Name your feelings



It's helpful to take five minutes to recognize the emotions you're feeling then let them pass on.

### Focus on what you can control



Don't dwell on the things you don't know or can't control. Instead, find power in the things you can.

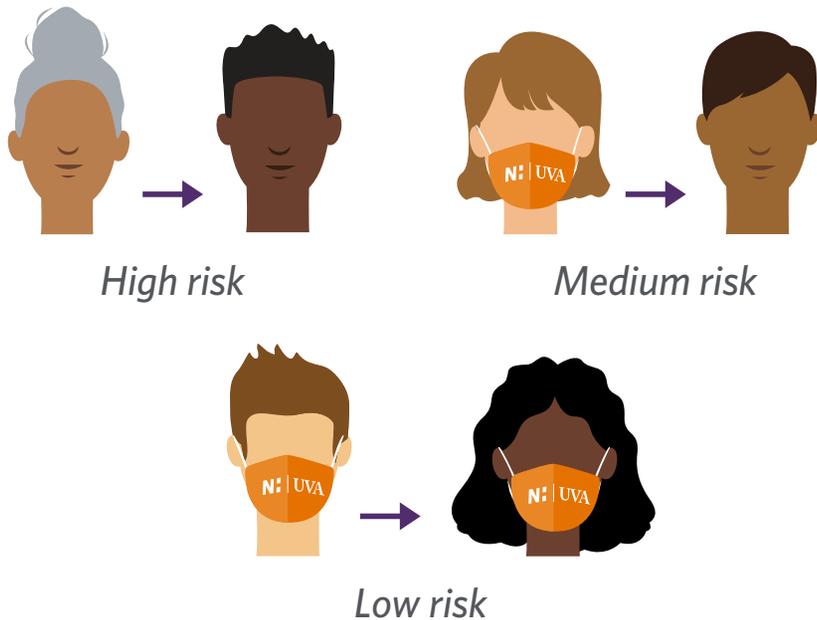
### Find your coping mechanisms



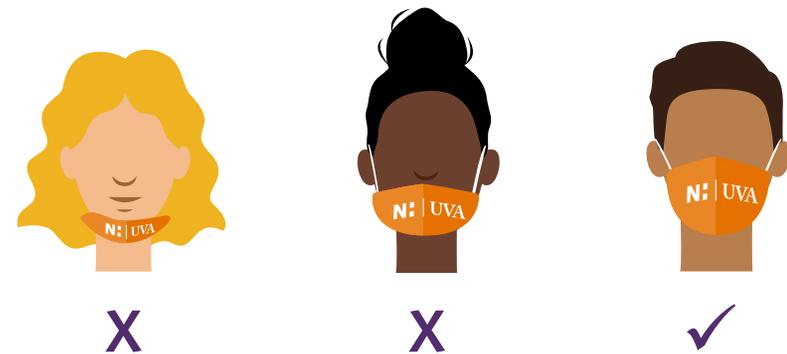
Rather than retreating in tough times, stay connected to others and find joy in the little things.

# Wear a mask. Slow the spread. Protect your neighbors.

## Why mask?



## How to properly wear a mask



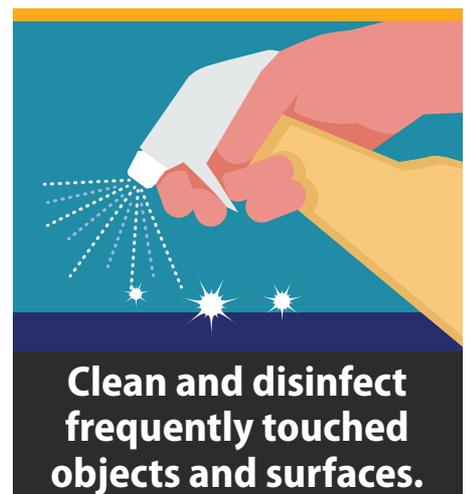
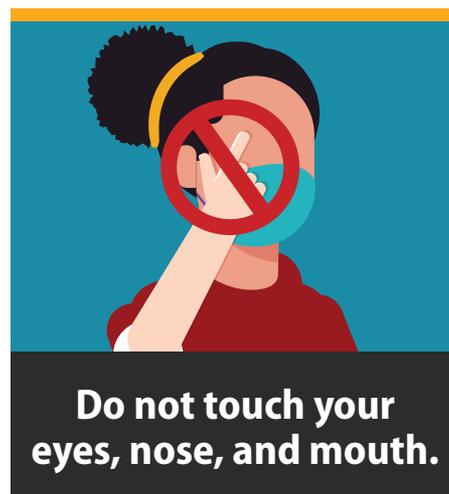
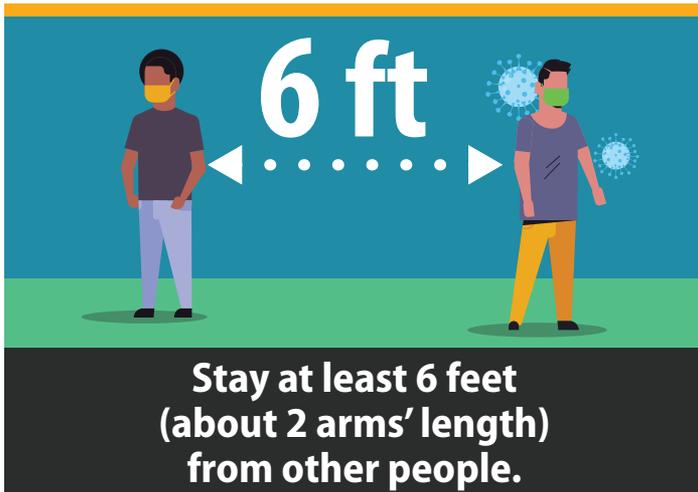
*Always cover your nose, mouth  
and chin with your mask.*

Learn more at  
[NovantHealthUVA.org/coronavirus](https://NovantHealthUVA.org/coronavirus)



# Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

**CORONAVIRUS**  
COVID-19 – It's real!

# Stayin' Alive

SPREAD THE WORD, NOT THE VIRUS.

## PREVENTION

Stay ready, get ready.



**Wash your hands** with soap and water for **20 seconds** to remove all germs



**Only use clean/glove-free hands** when touching personal items (purse, cell phone, keys, car)



**Clean dirty surfaces** such as doorknobs, countertops, and floors using household cleaners or soap and water



**Cover your nose and mouth** with a washable mask or scarf



**Only leave your home for emergencies** or work and **stay at least 6ft away** from other people when you're out



**Wipe down all items** that enter your home (food, groceries, boxes) because the virus can live on plastic and cardboard



**Don't touch** your hair, face, or mask (even with gloves on)



**Leave your shoes** at the door



**Avoid person-to-person contact** during deliveries and avoid shaking hands

## PRESENTATION Save yourself. Save others.



**While some people won't have symptoms at all, others will become very sick. Use your PREP list to prepare and get the help you need.**

**Be on the lookout for** cough, fever/

chills, trouble breathing, chest pain, muscle aches, vomiting and diarrhea, loss of taste and smell, headache.

**Write down your temperature** and how you're feeling daily

**If you are sick, avoid physical contact and consider wearing a mask** in the home to keep from spreading germs on surfaces and to other family members



### Sharing space with others:

Try to avoid sharing common spaces and household items (*bedroom, bathroom, towels, soap, dishes, remote controls*)

If sharing a bathroom, ALL surfaces need to be cleaned before use by others

Separate your trash and laundry



## PREP

Get your house in order.

### Make sure you have enough:

- Cough & cold medicine
- Medicine prescribed by your doctor
- Water and non-sugary drinks
- Low salt soups and other non-perishable foods
- Baby supplies
- Label, date, and freeze food if you can

### Make a list of people who can help you and your family if you become sick

Primary care doctor:

\_\_\_\_\_

Telehealth doctor:

\_\_\_\_\_

Local Health Department:

\_\_\_\_\_

State Health Department:

\_\_\_\_\_

Supporters (pastor, therapist, friends, family):

\_\_\_\_\_

### Call 911 for emergencies

Strategies compiled by:



For PDF download, visit  
www.alex-zan.com  
www.goodstockconsulting.com  
www.thegetworkcompany.com



PLEASE MAIL COMPLETED FORM TO:  
 ATTENTION VERIFICATION DEPARTMENT  
 BOX 800750  
 CHARLOTTESVILLE, VA 22908-0750  
 1-866-320-9659

**APPLICATION FOR FINANCIAL ASSISTANCE**

**STEP 1: COMPLETE INFORMATION BELOW: (ALL QUESTIONS MUST BE ANSWERED)**

PATIENT NAME:	SOCIAL SECURITY#(REQUIRED):																				
ADDRESS:	BIRTH DATE:																				
CITY, STATE, ZIP:	MEDICAL RECORD NO:																				
HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:																				
ARE YOU A U.S. CITIZEN OR U.S. NATIONAL (REQUIRED) <b>YES/NO</b>	IF YOU ARE NOT A U.S. CITIZEN OR U.S. NATIONAL, DO YOU HAVE ELIGIBLE IMMIGRATION STATUS? (REQUIRED) <b>YES. IF 'Yes' PLEASE PROVIDE INFORMATION BELOW</b>																				
<b>DOCUMENT TYPE:</b> _____ <b>DOCUMENT ID NUMBER:</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					HAVE YOU LIVED IN THE U.S. SINCE 1996? <b>YES/NO</b> ARE YOU OR YOUR SPOUSE OR PARENT A VETERAN OR AN ACTIVE-DUTY MEMBER OF THE U.S. MILITARY? <b>YES/NO</b>
(CIRCLE ONE)    SINGLE                      MARRIED                      DIVORCED                      SEPARATED                      WIDOWED																					

**STEP 2: FILL OUT INCOME/ASSET INFORMATION: IF ADDITIONAL SPACE IS REQUIRED PLEASE ATTACH SEPARATE PIECE OF PAPER.**

FAMILY MEMBERS – INCLUDE SELF, SPOUSE CHILDREN UNDER 18	SEX	SOCIAL SECURITY # (REQUIRED)	BIRTH DATE	RELATION TO PATIENT	MONTHLY GROSS WAGES/ SOCIAL SECURITY, ETC.	EMPLOYER NAME	EMPLOYER PHONE NO.

DO YOU HAVE INSURANCE WHICH COVERS ALL OR PART OF THE COST OF PRESCRIPTION MEDICATIONS? **YES / NO** IF YES LIST THE INSURANCE(S) NAMES BELOW WITH MEMBER IDS AND GROUP#S: \_\_\_\_\_

IF UNEMPLOYED, PROVIDE THE DATE EMPLOYMENT ENDED \_\_\_\_\_ HAVE YOU APPLIED FOR UNEMPLOYMENT **YES / NO**

IF THERE IS NO REPORTED INCOME, HAVE YOU APPLIED FOR DISABILITY? **YES / NO** ARE YOU PLANNING ON APPLYING? **YES / NO**

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING: (PLEASE PROVIDE PROOF)?

CHILD SUPPORT **YES / NO** AMOUNT \$ \_\_\_\_\_ ALIMONY: **YES / NO** AMOUNT \$ \_\_\_\_\_

CHECKING ACCOUNT NO: <b>YES / NO (CIRCLE)</b>	BANK NAME: LOCATION:	BALANCE: \$
SAVINGS ACCOUNT NO: <b>YES / NO (CIRCLE)</b>	BANK NAME: LOCATION:	BALANCE: \$
STOCKS, BONDS, IRA'S, 401K, CDs, ETC. <b>YES / NO (CIRCLE)</b>	BANK NAME: LOCATION:	BALANCE: \$

DO YOU OWN OR CURRENTLY BUYING REAL ESTATE PROPERTY: **YES / NO** CITY/COUNTY: \_\_\_\_\_ TOTAL ACREAGE: \_\_\_\_\_

MORTGAGE AMOUNT: \$ \_\_\_\_\_ DO YOU LIVE ON THE REAL ESTATE PROPERTY: **YES / NO**

DO YOU HAVE LIFE INSURANCE FOR YOU OR ANY DEPENDENT OVER 21 WITH A CASH OR LOAN VALUE? <b>YES / NO (CIRCLE)</b>		
NAME OF LIFE INSURANCE CO:	POLICY NO:	CASH-IN VALUE: \$

PERSONAL PROPERTY: **YES / NO** (CIRCLE ONE) LIST ALL CARS, TRUCKS, MOTORCYCLES, CAMPERS, MOBILE HOMES, ETC.  
 IF APPLICABLE; DO YOU RESIDE IN YOUR MOBILE HOME: **YES / NO**

ITEM:	MAKE MODEL	YEAR:	OWNER:	AMOUNT OWED: \$	VALUE: \$
ITEM:	MAKE MODEL	YEAR:	OWNER:	AMOUNT OWED: \$	VALUE: \$

DECLARATION: THE INFORMATION PROVIDED ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, COMPLETE, ACCURATE AND TRUE. I AUTHORIZE THE RELEASE OF ALL INFORMATION WHICH THE UVA MEDICAL CENTER MAY NEED TO DETERMINE WHETHER I QUALIFY FOR FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S INDIGENT CARE PROGRAM, ANY DRUG MANUFACTURER SPONSORED DRUG ASSISTANCE PROGRAM OR ANY OTHER FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM, INCLUDING VERIFICATION OF MY SALARY OR WAGES, THE BALANCE OF ANY BANK ACCOUNTS THAT I MAINTAIN, THE CASH-IN VALUE OF ANY LIFE INS. POLICY, STOCKS OR BONDS WHICH I POSSESS, AS WELL AS THE VALUE OF ANY REAL OR PERSONAL PROPERTY WHICH I OWN OR AM PURCHASING. SHOULD I BE REFERRED TO A FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM I AUTHORIZE THE UVA MEDICAL CENTER TO RELEASE AND OBTAIN ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY FOR THAT FUNDING. I AGREE TO IMMEDIATELY NOTIFY UVA WHEN MY INSURANCE (MEDICAL OR PRESCRIPTION) AND/OR INCOME CHANGES.

**SIGNATURE REQUIRED**

APPLICANT'S SIGNATURE:	DATE:
SPOUSE'S SIGNATURE:	DATE:

This application was received by a UVa Medical Center Employee:

Revised 12/18

**CONFIDENTIAL**  
**UNIVERSITY OF VIRGINIA MEDICAL CENTER**  
**APPLICATION FOR ASSISTANCE FORM INSTRUCTIONS**

**STEP 1:** Complete patient information. Please fill out all information concerning the patient completely

**STEP 2:** Fill out income and asset information. This includes income from your employer, social service aid (Food Stamps, ADC, General Relief), government aid (social security, VA benefits) and all other income. If any child is 18 years or older, a separate form is required.

Who is head of household? This is the member of the family who provides food and shelter for the applicant. The applicant can also be the head of household. A non-family member should not be listed in the family member's section.

**IN ORDER FOR THE UNIVERSITY OF VIRGINIA MEDICAL CENTER TO COMPLY WITH STATE GUIDELINES, EACH OF THE ITEMS YOU HAVE LISTED ON THE FRONT OF THIS APPLICATION WILL REQUIRE PROOF OR DOCUMENTATION. PLEASE DO NOT SEND IN YOUR APPLICATION UNLESS YOU HAVE ATTACHED ALL DOCUMENTATION NEEDED. ALL INFORMATION MUST BE RETURNED AS SOON AS POSSIBLE OR YOU WILL BE RESPONSIBLE FOR YOUR CHARGES IN FULL.**

THE FOLLOWING ARE TYPES OF DOCUMENTATION NEEDED.

PLEASE CHECK EACH ONE TO SEE WHICH ONES MAY APPLY TO YOUR SITUATION: **(COPIES ONLY PLEASE. ORIGINALS WILL NOT BE RETURNED.)**

- **PAY CHECK STUBS:** If you are employed, you must provide 1 (one) month's worth of your pay check stubs – not more than 3 months old. If your stubs are not available, you need to provide a letter from your employer stating 1 (one) month gross salary
- **UNEMPLOYMENT:** Forms verifying weekly benefit amount or denying unemployment or workers compensations
- **OTHER RESOURCES:** Copy of retirement benefits, General Relief check, ADC check, trust fund allotments, child support check and alimony
- **GOVERNMENT BENEFITS:** Letter confirming or denying Social Security, SSI, VA or other government benefits, photocopy of check (s) or bank statement showing automatic deposit.
- **SEASONAL EMPLOYMENT:** Please provide UVA Income Verification Form.
- **SELF – EMPLOYMENT:** Provide your current year Federal Income Tax return.
- **LETTER OF SUPPORT:** Letter verifying support from family or friends (when no income is reported or not enough to show support.)
- **SOCIAL SERVICES:** Approval, denial or pending status from your local department of social services. Any letters confirming receipt of housing and/or food stamps monthly benefit amount.
- **BANK STATEMENTS:** Most recent savings and/or checking account statement (s) from the bank or credit union.
- **SICK LEAVE:** Statement from doctor stating dated you are unable to work. Statement from employer indicating paid sick leave or if you are on leave without pay, year-to-date gross income, and hire date.
- **STUDENTS:** Scholarships, loan, work-study, stipend, tuition, assistantship and grant award amounts.
- **INVESTMENTS:** Stocks, bonds, IRA's 401k plan, CDs, securities – statement from bank/broker showing current value.
- **PERSONAL PROPERTY:** Tax statement showing assessed value of vehicle(s), and other items claimed with the amounts owed.
- **REAL ESTATE PROPERTY:** Most current tax statement showing acreage and value along with the mortgage statement from the bank.
- **LIFE INSURANCE:** Policy or statement specifying cash-in value if over \$1,500.00
- **OTHER:** A copy of custody papers.