

#### ELA.CORPLODGING.COM

# **Online Account User Guide**





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#### **PROGRAM ENROLLMENT**

Login		
UserName	_	
Password		• All hotels/l participate Assistance
SUBMIT >>		<u>complete C</u> <u>enrollment</u> <b>ela.corplo</b>
If you need an ELA Hotel		
Account Please <u>Click Here</u>		
I forgot my password		

 All hotels/lodging providers wishing to participate in the Emergency Lodging Assistance (ELA) Program must <u>first</u> <u>complete CLC Lodging's (CLC) online</u> <u>enrollment</u> process at the Program website **ela.corplodging.com (NOTE: no www)**



If you do not have a current Corporate Lodging user account, please click the 'ENROLL' button to continue on and create a new account.	<ul> <li>Click Enroll to begin the ELA account enrollment process</li> <li>Properties with existing CLC WebCheckINN accounts may enter their respective WebCheckINN usernames and passwords and then click Login to pre-populate associated hotel information on the next page</li> </ul>
Hotel       Hotel       Hotel         Information       Confirmation       Hotel         Hotel ELA Enrollment       Please complete ONE of the pairings below to identify your property:         If you do not have any of the below information:       Skip This >>         1)       CLC #         CLC Check #	<ul> <li>Hotels/lodging providers can identify their property via <u>one of three</u> convenient options:</li> <li>CLC number &amp; CLC Check number</li> <li>Hotel Chain &amp; Chain Property number</li> <li>Sabre or Worldspan number &amp; Zip Code</li> <li>Enter the applicable information in the fields provided</li> <li>Click Submit</li> </ul>
OR         2)       Hotel Chain       Please Select         Chain Property #         OR         3)       Sabre or Worldspan #         Zip Code	• If you are unable to provide any of the above information, <u>click <b>Skip This</b> to manually create your hotel account</u>



Hotel Account Creation  Please onter your hotel information below.  Please onter your hotel information below.  Please onter your hotel information below.  Address*	allows prospective ELA program partners to create an ELA account by supplying complete contact information
Address 2 City* State* Zay* City* State* Zay* Phone* Phone* Fax* Instructs costs	Enter your property's contact information in the fields provided
Contact Name"  Manager's Cell Phone  Sabre #  WorkdSpan #  Notel Chain  Prease Select.  Hotel Chain  Prease Select.  Keter Your email again.*  Enter your email again.*	<ul> <li>Create a Username for your ELA account (NOTE: choose a username that is property-related and easy for you to remember)</li> <li>Enter your first and last name in the fields provided</li> <li>Enter your email in the fields provided (NOTE: accurate email information is essential. CLC delivers your new account password to the email address provided)</li> <li>Click Submit</li> </ul>



Hotel Confirmation CHELP Please review the information below to ensure it is accurate. The information below has been formatted to match the US Postal format. Hotel Name: My Hotel	• The Hotel Conformation screen allows properties to review their provided contact information
Address: 123 Any Street Wichita KS, 67203 Phone: (555) 555-5555 Fax: (555)555-5555	• Review the information displayed in the <b>Hotel Confirmation</b> section
Contact Name: Jane Doe CLC Hotel # : Sabre # : WorldSpan # :	<ul> <li>Click Edit to <u>revise</u> any of the displayed hotel contact information</li> </ul>
Hotel Chain: Please Select Hotel Chain Property # : Username:* Jandoe1 First Name:* Jan Last Name:* Doe Email:* kleeftermall.com	<ul> <li>Click Submit to <u>confirm</u> the displayed hotel contact information</li> </ul>
If you need to change something, If everything looks correct click Edit. Edit >> SUBMIT >>	



Hotel Hotel Information Confirmation	Hotel Amenities Finished	
otel Amenities	? HELP	
Please complete the required information below:		
Total number of rooms for the physically	Total number of guest rooms (including suites):	
challenged/handicapped:		
(example: 50 - Do not enter any text)		• The Hotel Amenities screen allows
Pets Allowed?	Pet Policy and/or Cost:	lodging partners to identify various
💿 Yes 💿 No		property
	(example: One pet under 45 lbs - \$15 additional fee)	
In Room Kitchen Facilities (refrigerator and stove)?	Breakfast (provided at no charge):	
	Mon Fri.	• In the required fields provided, identify
🔿 Yes 💿 No	O Yes 💿 No 🗲	the amenities available at your property
	Sat. & Sun.	(NOTE: please provide as accurate
	Yes 💿 No	information as possible to assist
Lunch (provided at no charge):	Dinner (provided at no charge):	individuals seeking lodging)
Mon Fri.	Mon Fri.	
🔘 Yes 💿 No	🔘 Yes 💿 No	
Sat. & Sun.	Sat. & Sun.	
🔘 Yes 💿 No	🔿 Yes 💿 No	



information at a later time.	you to complete the form. You can return and e	aitthis		
Hotel Internet Address: (Ex: http://www.yoursite.com)	Does hotel comply with the Americans with D Act of 1990? Yes No NA	sabilities		
Year of last complete guest room renovation: (example: 1999)				
Total number of non smoking rooms (including suites):	Self-service laundry on-site: Yes			
Management Company:	Ownership Company:			
Is your property certified by the National Minority Supplier Development Council?	Is your property certified by Small Business Administration or Women's Business Enterpr Council?	ise National	In the <b>optional</b> fields pro <b>Hotel Amenities</b> screen, additional amenities avai	ovided in the identify lable at your
⊙ Yes ⊙ No ⊛ NA	Yes No NA I odging tax: Percent or fixed amount?	_	property	lable at your
(If not applicable, enter 0) (Do not enter a decimal for % entries)	<ul> <li>Percent</li> <li>Fixed</li> </ul>		Click Submit	
State tax:	State tax: Percent or fixed amount?			
(If not applicable, enter 0) (Do not enter a decimal for % entries)	Percent			
City tax:	City tax: Percent or fixed amount?			
(If not applicable, enter D) (Do not enter a decimal for % entries)	Percent			
Occupancy tax: (If not applicable, enter 0) (Do not enter a decimal for % entries)	Occupancy tax: Percent or fixed amount? Percent  Fixed			
Free Continental breakfast:	Restaurant on site:			
🔿 Yes 💿 No	💿 Yes 💿 No			
SUBMIT >>				



HOME   PR	OGRAMI	<b>NFORMAT</b>	ION   F	AQI	CONT	ACTI	JS
-----------	--------	----------------	---------	-----	------	------	----

#### Your account has been created.

You will receive an email shortly. You will be able to access your account immediately with the information provided in the email we have sent you.

#### Go to the ELA Homepage

- Upon successful enrollment, your ELA account will be activated
- CLC emails your ELA account password to the email address provided during the enrollment process
- Use your username and supplied password to access your ELA account
- It is important to immediately sign into the newly requested ELA account to review the Emergency Lodging Assistance Payment Contract
- The system prompts you to initial and agree to the contractual terms provided
- Print a copy of the payment contract for your records prior to initialing and agreeing to the terms electronically



## ONLINE ELA ACCOUNT SIGN IN

Login UserName	<ul> <li>Participating lodging partners are required to enter their Username and Password to access the Emergency Lodging Assistance online billing system</li> </ul>
SUBMIT >>	Enter your Username and     Password in the fields provided
	Click the <b>SUBMIT</b> button
If you need an ELA Hotel Account Please <u>Click Here</u> <u>I forgot my password</u>	The Username and Password is established by each property. If the Password is lost, click on the applicable I forgot my password retrieval link



#### **MyELA PAGE**





#### **PROPERTY INFORMATION UPDATES**

Hotel Edit Information		? HELP	
Please make any changes to	the information below and click submit.		
Hotel Name*			
Any Hotel			
Address*			• The Hotel Edit Information screen
123 Main Street			allows participating lodging
Address 2			providers to make any necessary changes to their contact information
City*	State* Zip*		Review the contact information and
Denver	, Colorado 🛛 💙 11111		revise as needed
Phone*			• Click <b>SUBMIT</b> to confirm the
(555) 555-5555	(555)555-5555		changes
Fax*			
555555555	(555)555-5555		
Contact Name*			
John Doe			
CLC Hotel #			
Sabre #			
World Span #			
Hotel Chain			
Please Select	~		
Hotel Chain Property #			
SUBMIT >>	Cancel >>		



# **GUEST QUALIFICATION & CHECK-IN**

Check Guest Qualification Date of Checkin (REQUIRED)	<ul> <li>CLC provides ELA Privite instant guest veriation authorized dates of starooms allocated when Qualification online to the staroom staroom</li></ul>	cogram partners fication, ay and number of the <b>Check Guest</b> form is completed
(format: MM/DD/YYYY) *You must fill in at least 3 fields below Registration ID First Name Last Name Last 4 digits of SSN # Date of Birth (format: MM/DD/YYYY) SUBMIT >>	<ul> <li>Enter or select the gue Checkin in the field p by 3 of the following Guest's Registrati</li> <li>Guest's First Nam</li> <li>Guest's Last Nam</li> <li>Guest's Last 4 dig Security number (</li> <li>Guest's Date of B guest registration must match FEM exactly when sub guest may not be database. For ass confirm guest qu contact the ELA Center at 1-866-5</li> <li>Click SUBMIT</li> </ul>	est's Date of rovided, followed fields: on ID number e e its of Social SSN#) irth (NOTE: n information IA's records mitted or the found in the sistance or to alification, please Lodging Support 545-9865)



#### **GUEST QUALIFICATION & CHECK-IN (CONTINUED)**

		Assistance
Submit Billing   Billing History   Guest Summary		
is qualified through 09/28/2013 .		
Please fill out the following form to verify you have collected some for identification.	m of valid government issued	
*		,
you will need to collect a valid government	ssued photo ID of this guest and	
keep it on record. You will also need to collect a completed and signed "U	S. Department of Homeland Security	• 1
ELA Terms and Conditions" from this guest before initial check in and a r	ew form following every extension shou	id.
the guest be granted one. Payments will not be made for any guest that h	as not turned in a signed "U.S.	
Department of Homeland Security's ELA Terms and Conditions". Once	ou have done this, please check the bo	×
below and click continue. If you do not wish to check the guest into your h	otel at this time click cancel.	
I have collected identification for this guest, and I agree to keep it on r	ecord for 2 years.	
I have collected a signed and completed (by this guest) "U.S. Departs and Conditions" form. This form can be developeded here.	nent of Homeland Security's ELA Term	5
I agree to comply with all applicable laws pertaining to the Privacy Art	of 1974 and agree to not disclose or	
extract any guest's personally identifiable information (Pil) in verbal, writte	n; and or electronic form, except as	
	ritten request from the LIS Federal	
authorized by representative(s) of CLC Lodging (CLC) and or an official w Emergency Management Agency (FEMA).		
authorized by representative(s) of CLC Lodging (CLC) and or an official w Emergency Management Agency (FEMA). Click Check In below to Start the Check In process. You MUST complete	e the room assignment form on the ne	xt
authorized by representative(s) of CLC Lodging (CLC) and or an official w Emergency Management Agency (FEMA). Click Check In below to Start the Check In process. You MUST complete screen to complete checking this guest in.	e the room assignment form on the ne	xt
authorized by representative(s) of CLC Lodging (CLC) and or an official w Emergency Management Agency (FEMA). Click Check In below to Start the Check In process. You MUST complet screen to complete checking this guest in.	e the room assignment form on the ne	xt

- All qualified guests requesting lodging must provide a valid, government-issued photo ID (for example, a current stateissued driver's license) at check-in
- Make a copy of the guest's photo ID for proof of verification
- Obtain a signed-and-completed ELA Terms and Conditions Form from the guest. The form is printed by the property and is found by clicking on the Program Information menu (NOTE: updates regarding FEMA guests' qualification periods are reviewed in the Guest Alerts section of the MyELA page)
- Check the following boxes as appropriate:
  - "I have collected identification for this guest..."
  - "I have collected a signed and completed (by the guest)..."
  - "I agree to comply..."
- Click **Check In** to proceed with the guest's check in process
- If the guest is unable to provide a valid, government-issued photo ID, click **Cancel** to end the check-in session



#### **GUEST QUALIFICATION & CHECK-IN (CONTINUED)**

est Room Assignment			? HELP	
Guest: ELA986 TEST986 Remove This Guest				• After guest qualification, complete the check in process via the <b>Guest Room</b>
The following rooms (You can only check in one ro Available Rooms Room 1 07/31	are approved for t nom at a time) Qualification Dates /2007 - 08/15/2007	options Check In		Assignment screen
Available Rooms Room 2 07/31	Qualification Dates	Options		• The <b>Guest Room Assignment</b> screen displays the guest's authorization information (including ELA eligibility period and rooms available)
The following rooms are Available Rooms Room G 1 07/30/20 Scroll down to subm Folio Number* Room Number* Check in Date * 07/30/2007 Amy Special Needs Regul Elderly Elderly Genetic Disabled Other Disabled	approved for this ( at a line) walification Dates 007 - 08/15/2007 with this information, in this information, rements (Optional)	Please Specify		<ul> <li>Click Check In to assign the guest a root</li> <li>Enter the requested room information in the fields provided</li> <li>Hotels may enter UP TO the regular RACK room rate and taxes for the assign room.</li> <li>Click SUBMIT</li> <li>CLC's ELA website immediately alerts hotels of daily room charges that exceed the program's overage threshold as determined by FEMA for the specific</li> </ul>
%     0     04       Daily Tax Amount     %     0       Total Daily Rate:     0.00     0.00	o S Bigns) alms Tax - No S Signs)			disaster



# **GUEST QUALIFICATION & CHECK-IN (CONTINUED)**

The following ro You can only check in	ooms are approved for this	guest:		• Qualified guests are responsible for paying a amount exceeding the program's overage threshold (NOTE: hotels/ledging providers)			
Available Rooms 1	Room Qualification Dates 09/28/2013 - 09/28/2013	Options Check In		are responsible for collecting any overage amount from the guest)			
The room charge this program by Please adjust yo	es (Daily Room Rate + Daily Tax Ar \$98.90.	nount) entered exceed the maximum allowed und and click Submit.	ler	<ul> <li>If this happens, the hotel re-enters the adjusted guest room assignment information when prompted</li> </ul>			
Guest Room As Guest ELA99 The followi You san only a Available Ro 1	signment 6 TEST986 Ing rooms are approved for teak in one room at a time) oms Room Gualification Dates 07/31/2007 - 08/15/2007	this guest: Options Check In	? HELP	<ul> <li>After completing the guest's check- in, the ELA website allows hotels to:</li> <li>Edit the guest's Check In</li> <li>Cancel the guest's Check In</li> <li>Check Out the guest (NOTE: refer to the</li> </ul>			
Room 55 Edit Status: CHECKEE Folio Number: 15 Billed From: Allowed Daily Ro	This Check In D IN a om Rate: \$0.00	Date In: 07/31/2007 Date Out: Billed Through: Allowed Daily Tax Amount: \$0,00		User Guide Guest Summary section for instructions with these options)			
*This is the amount	FERRA will pay	Allowed Total Daily Rate: \$0.00 *					

Check Out

• If applicable, click **Check In** to assign an additional room for the guest or **Cancel Check In** as needed

Ovelified events are rear angible for



# SUBMIT BILLING

ests Available for Billing									
Guest Name	Folio #	Room #	Check-in Date	Qualified Through	Billed Thru	Options			
ELA611 TEST611	100	1408	07/30/2007	01/31/2008		BILL >>			
Guest ELA611 TES Folio Numbe 100 Room Numb 1408 Billing From 07/31/2007	ST611 er Der Night Of:	20101	•						
Billing Through Night Of: 07/31/2007 Check this guest out? (The check out date will be: 08/01/2007) Guest is not checking out at this time.									



### **GUEST SUMMARY**

HOME   PROGRAM INFOR	RMATION   FAQ   CONTACT US	LOGOUT						• <b>Guest Summary</b> provides an overview of the guest history for your property
MyELA   Submit Billing   Guests Summary	Billing History   <u>Guest Summar</u>	•	The in	feendine kaleu ir suniiki	la for developed. D	PHELP		Click Guest Summary on the navigation bar to access a summarized view of guests registered with your property.
Guest Name	Qualification Period							with your property
ELA611 TEST611	07/30/2007 - 01/31/2008	Room #	Folio #	Daily Room Rate	Status	Options		• The Guest Summary screen offers an
(VIEW ALERTS)		1408	100	\$82.50	CHECKED IN (07/30/2007)	DETAILS		assortment of options. To access these options, perform the following:
ELA690 TEST690	07/31/2007 - 01/31/2008	Room #	Folio #	Daily Room Rate	Status	Options		<ul> <li>Click DOWNLOAD FILE to obtain an Excel<sup>™</sup> spreadsheet of</li> </ul>
		222	12A	\$0.00	CHECKED IN (07/31/2007)	DETAILS	←	the property's entire guest summary file
ELA986 TEST986	07/31/2007 - 12/01/2007	Room #	Folio #	Daily Room Rate	Status	Options		• If applicable, click <b>VIEW</b> <b>ALERTS</b> to access guest specific
		55	15a	\$51.50	CHECKED IN (07/31/2007)	DETAILS		<ul><li>account updates</li><li>Click <b>DETAILS</b> under the</li></ul>
							<u> </u>	<b>Options</b> column to access a detailed view of the guest's profile



#### **GUEST SUMMARY (CONTINUED)**

Guest Detail Guest: ELA986 TEST986	? HELP	• The <b>Guest Details</b> screen provid overview of the guest's check-in information	les an	
The following rooms are approved for the (You can only check in one room at a time)         Available Rooms       Room Qualification Dates         1       07/31/2007 - 08/15/2007	nis guest: Options Check In		<ul> <li>If applicable, the Guest Details displays additional rooms availat the guest</li> <li>If necessary, click Check In to a additional room for the guest. (N refer to the User Guide Guest Qualification &amp; Check-in sectifurther instructions)</li> </ul>	screen ble for issign an IOTE: on for
Room 55 (Edit This Check In) Status: CHECKED IN	Date in: 07/31/2007		• If necessary, click Edit This Ch access the Edit Room screen	eck In to
Folio Number: 15a Billed From: Allowed Daily Room Rate: \$50.00	Date Out: Billed Through: Allowed Daily Tax Amount: \$1.50		• If necessary, click <b>Cancel Chec</b> void the guest's check in from y registry	k <b>In</b> to our hotel
*This is the amount FEMA will pay	Allowed Total Daily Rate: \$51.50* Cancel Check In Check Out		If necessary, click <b>Check Out</b> to the guest's <b>Check Out</b> screen. In cases, it is best to submit final bi the same time as checking out gu ( <b>NOTE: refer to the User Guid</b> <b>Submit Billing section for furt</b>	access n most lling at lests. le her



#### **GUEST SUMMARY (CONTINUED)**

Edit Room	
Guest:	
ELA986 TE ST986	
Folio Number*	
15a	
Room Number*	• The <b>Edit Room</b> screen allows
55	lodging partners to revise a guest's
Check In Date *	shaak in information
07/31/2007	check-in information
Any Special Needs Requirements (Optional)	• Enter the revised guest check-in
Elderly	information in the fields provided
Health	• Click SUDMIT to complete the
Disabled	• Click SUBINIT to complete the
Other Please Specify	revised guest check in process
Daily Room Rate (including Occupancy Tax)*	
\$ 65 (No 5 Signa)	
Total Applicable Daily Tax Amount	
5 (Sales Tax - No 5 Signs)	
Total Daily Rate:	
\$70	
SUBMIT >>	
Check Out ELAS11 TESTS11 2 HELD	• The <b>Check Out</b> screen allows
	properties to check out a guest
Guest	• Enter the check-out date in the field
	provided
ELA611 TEST611	provided
Folio Number	• Click <b>SUBMIT</b> to complete the guest
	check out process.
100	• Hotels must submit guest hilling in
Room Number	• Hotels must submit guest binnig m
4400	order to receive payment (NOTE:
1408	refer to the User Guide Submit
Check this room out on:	Billing section for further
07/31/2007	instructions)
SOBWIT >>	

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## **BILLING HISTORY**

Billing	His	tory	Search						<b>?</b> H		
Check #											
Gue	st La	st Na	ime				_				•
Date Billed											
	Date of Stay										
		Roo	m #								
		FOI	10 #								•
			Sea	rch	>>						1
illin a Llinte											
lling Histo	ry									THELP	•
						The informati	on below is av	ailable for dow	nload: DOW	NLOAD FILE	
Guest	Folio #	Room #	Billed Nights of Stay	Total Billed	Total Paid	Billed Date	Check #	Check Date	Status	Actions	
ELA611			7/00/0007 7/00/0007							DETAILE	
TEST611	<u>100</u>	<u>1408</u>	//30/2007 - //30/2007	\$0.00	\$0.00	<u>7/31/2007</u>			VOIDED	DETAILS	
			(1 Nights)								
EL 4811									BILL	DETAILS	
TEOTOLI	<u>100</u>	<u>1408</u>	7/30/2007 - 7/30/2007	<b>600 50</b>	60.00	7/31/2007			CUDMITTED	VOID	
TES1611			(1 Nights)	\$62.0U	\$0.00				SUBMITTED	VOID	

- **Billing History** provides an overview of all submitted billings. Detailed views of guest billings and payment inquiries are available for convenient recordkeeping
- Click **Billing History** on the navigation bar to access a summarized view of a property's historical billing record
- The **Billing History Search** dialog box allows user to customize their search
- The **Billing History** screen offers an assortment of options. To access these options, perform the following:
  - Click **DOWNLOAD FILE** to obtain an Excel<sup>™</sup> spreadsheet of the property's entire guest billing file
  - If applicable, click **VOID** under the **Actions** column to cancel the guest billing
  - Please contact CLC via the ELA Program Lodging Support Center (1-866-545-9865) for instructions on how to **ADJUST** billing for guest stays which reflect status of PROCESSED
  - Click **DETAILS** under the **Actions** column for a detailed view of the guest billing



# **BILLING HISTORY (CONTINUED)**

Bill History Detail				? HELP		<ul> <li>The Bill History Detail screen displays:</li> <li>The guest's qualification end date, room information, and cumulative rates</li> <li>Complete itemized history of all billings</li> </ul>
Guest			Qualification	End Date		submitted for the guest Click <b>Back</b> to return to the <b>Billing History</b>
ELA611 TEST611			01/31/2008			screen
Folio Number			Billed Date	←		
100			07/31/2007			
Room Number			Billed Period	I	•	Thank you for your participation with the
1408			07/30/2007 -	07/30/2007		Emergency Lodging Assistance (ELA) Program
Total Billed			Total Paid		•	For additional questions, the ELA Program
\$82.50			\$82.50			phone at <b>1-866-545-9865</b> (Monday
						through Friday, 8 a.m. to 5 p.m. CST) or by email at <u>femahousing@clclodging.com</u>
Check Info						
Date	Amt Billed	Amt Paid	Check #	Check Date		
07/31/2007	\$82.50	\$82.50	<u>85476</u>	08/02/2007	]	
					1	
<< Back						

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