Ronald McDonald House® PASADENA

RMHC® Southern California

ROOM REFERRAL

Office Use Only
Last Visit _____
ID _____
Room _____

Referral Date: _____

Patient's Last Name: _____ First Name: _____

Patient's Date of Birth: _____ Sex: □ Male □ Female □ Other

Accompanying Parent/Guardian Name: _____ Relationship: _____

Additional Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Primary Phone: _____ Secondary Phone: _____ Primary Language: _____

Medical Profile

Status: ☐ Inpatient ☐ Outpatient Critical Care: ☐ NICU/NICCU ☐ PICU

Diagnosis Category: Orthopedic Reason for Visit: General Care

Hospital or Facility: _____ Doctor: _____

Referred By: _____ Title: _____

Referral Contact Phone: _____ Email: _____

Room Request

Arrival Date: _____ Estimated Departure Date: _____ *Cannot exceed 28 days*

Individuals staying at the House: Adults ____ Children ____ *Excluding Patient* ☐ Wheelchair accessible room required

Room Contribution: ☐ Self - $25/night ☐ CCS County: _____ ☐ Sponsor: _____

Important Information for Family

Check-in: **9:00am- 4:00pm** Check-out: 12:00pm **$20 cash refundable deposit & photo ID for all adults required**

Parent/guardian must be 18+ to reserve a room. All guests must meet House requirements, including:

(1) No current drug/alcohol abuse;
(2) No conviction relating to domestic violence or crimes against children, including status as a registered sex offender;
(3) No open case with the Department of Children and Family Services; and
(4) No communicable disease, contagious illness or physical condition that might endanger the health of other residents in a communal environment, particularly those who may be immune-suppressed.

Medical Information Release Consent

I hereby give the staff of the Ronald McDonald House my permission to exchange necessary information with the staff of the hospital or facility where my child is receiving medical care. ***I understand the receipt of this referral does not guarantee accommodations.***

_____ _____ □ Verbal permission given by parent/guardian in lieu of signature
Signature of Parent/Guardian Date

□ Permission given to share with Pasadena Ronald McDonald House if Los Angeles Ronald McDonald House has no vacancy

Submit completed form to ***PRMH-RoomRequest@rmhcsc.org****. For questions, call 626-585-1588.*