

ROOM REFERRAL

Office Use Only	
Last Visit	_____
ID	_____
Room	_____

Referral Date: _____

Category: _____

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 Diagnosis or Department: _____

Critical Care: NICU/NICCU PICU CTICU Reason for Visit: _____

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 ____ Wheelchair accessible room required

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

Important Information for Family

Check-in: **3:30pm- 7:30pm** Check-out: **12:00pm** Required: **Photo ID for all adults and refundable \$20 cash deposit**

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
- (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 accommodation.

Name of Consenting Parent/Guardian

Signature of Parent/Guardian

Date

- Verbal permission given by parent/guardian in lieu of signature
 Permission given to share with Pasadena Ronald McDonald House if Los Angeles Ronald McDonald House has no vacancy