Application for Admission

Note: Maximum of 4 guests per patient

(Pt) Patient Info

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____

Address: _____ (Street)

_____ (City) _____ (State) _____ (Zip)

Medicaid Number*: _____

*If applicable (or note other payment method)

Reason for Visit: _____

Gender: Male / Female (circle one)

(1) Parent/Guardian Info

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____ BGC ____

Email: _____ Phone: _____

Language of Choice: _____ Relationship to Patient: _____

(2) Guest

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____

Address: _____ (Street)

BGC____

_____ (City) _____ (State)

Relationship to Patient: _____

(3) Guest

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____

Address: _____ (Street)

BGC ____

_____ (City) _____ (State)

Relationship to Patient: _____

(4) Guest

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____

Address: _____ (Street)

BGC ____

_____ (City,) _____ (State)

Relationship to Patient: _____

(5) Guest

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____

Address: _____ (Street)

BGC ____

_____ (City) _____ (State)

Relationship to Patient: _____

(6) Guest

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date: _____

Address: _____ (Street)

BGC ____

_____ (City) _____ (State)

Relationship to Patient: _____

Emergency Contact

Name: _____ (Last) _____ (First) _____ (Middle Initial) _____ (Phone Number)

Vehicle Info*:

*One vehicle per family may park at RMH

_____ (Make and Model) _____ (Color) _____ (License Number and State)

Requested Arrival Date:_____ **Requested Departure Date:**_____

Have you ever stayed at the Charlottesville Ronald McDonald House? Yes___No____Date(s)_____

Have you or anyone you intend to bring to the house ever been charged or convicted of a misdeameanor or felony? Yes___No____If Yes, Please provide explanation_____

Do you and all adult members of the group you intend to bring to the house have photo identification?*
*If No, social security numbers and date of birth will be required on check-in. Yes___No____

Do you (or any members of the group you intend to bring to the House) smoke?*
*for statistical purposes only (exterior smoking section available at the House) Yes____No____

Hospital ward of physician referring you to the Ronald McDonald House:_____
Note: referral is required for admission

Have you reviewed the policies of the Ronald McDonald House located at the following link? Yes___No____
Note: Review of the policies is required for admission. If applicant does not have access to the internet, a paper copy will be provided.
http://rmhcharlottesville.org/news/wp-content/uploads/2013/04/Policy-book-April-2013.pdf

I certify that the information I have provided above is true and accurate. I understand that a background search will be conducted on all parties staying at or visiting the house. I agree to read and abide by the Ronald McDonald House rules and policies. I agree for myself and for all others occupying my room, and, understand that abiding by these rules is a condition of staying at the Ronald McDonald House. I understand the Ronald McDonald House is not responsible for personal belongings left in the house, on house property, or in automobiles. I waive any and all rights to claims in the event of damage, theft, or loss. I agree that the hospital staff and the Executive Director or House Manager may exchange information concerning my child, my family, and me when it pertains to my privelege to stay in the Ronald McDonald House.

All adult guests must sign this application. The Ronald McDonald House is intended to serve those who are or will be the primary caregivers for the patient and who intend to spend the majority of their time during their stay in Charlottesville at the hospital, actively participating in the patient's care.

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

This Section for Ronald McDonald House Staff Use Only

Date Received: _____ E#: _____

Staff Review Date: _____ Approved / Rejected

Reason if Rejected: _____

Payment: Self____Va Medicaid____Discount____

UVA_____KCRC_____PICU_____NICU_____7C_____7W_____Other_____

Referral Source: _____

Additional Notes: _____