

APPLICATION FORM

PLEASE PRINT CLEARLY

| | | | |
|--|---|---|-------------------|
| Today's Date: | | Date of Reservation: | |
| Expected Length of Stay: | | | |
| PRIMARY GUEST INFORMATION (PHOTO ID REQUIRED AT CHECK IN) | | | |
| Guest Last Name: | | First Name: | |
| Street Address: | | Relationship to Patient: | |
| City: | | Home Phone: | |
| State/Zip Code: | | Cell Phone: | |
| Email Address: | | | |
| Special needs or considerations for stay? (i.e. Interpreter, crib, cot, home care needs, wheelchair access) | | | |
| ADDITIONAL GUESTS (PHOTO ID REQUIRED AT CHECK IN) | | | |
| <i>Only immediate family members or those that are part of the patient's medical care plan are allowed to stay. Guests under the age of 18 must be accompanied by a parent or legal guardian.</i> | | | |
| Guest Last name, First name | | Relationship to Patient | Age (if under 18) |
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| PATIENT INFORMATION | | | |
| Patient's Last Name: | | First Name: | |
| Birth Date: | Will the patient be staying at Tree House? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PAYMENT INFORMATION | | | |
| Tree House room fees are \$40/night. We also accept payments by families, friends, extended family and Medicaid. | | | |
| Please speak with your Social Worker to obtain a Financial Needs Assessment if you are experiencing financial difficulty and are unable to afford the \$40 a night. | | | |
| HEALTH AND SAFETY SCREENING - If "yes" to any of the questions below, you will be asked to provide more information. | | | |
| Has anyone who will be staying at Tree House been exposed to a communicable disease (chicken pox, measles, strep and pertussis) in the last three weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does anyone in your family have a new or current safety concern (protection order, restraining order) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you or anyone who will be staying with you ever been convicted or charged with any crime(s) against person(s), including: homicide, assault, kidnapping, arson, burglary, theft, criminal trespass, indecent exposure, sex offenses, sexual exploitation of a minor, or any felony drug or alcohol offense(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>I, and the adult guests in my room, understand and agree that all information on the application form is accurate to the best of my knowledge.</i> | | | |
| Signature: _____ | | Date: _____ | |
| REFERRAL INFORMATION | | | |
| Name: | Position: | Phone: | |
| Patient has Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Lodging Request submitted to Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Unit: | MRN: | | |

Please fax completed form to 253-403-8516. If you have questions, please contact the Tree House at 253.403.8510.