

RMHC GUEST PRE-REGISTRATION/REFERRAL FORM

Please complete this application for staying at the Ronald McDonald House of Northwest Ohio. When completed have your child's nurse, social worker and or attending physician fax or email this to the Manager on Duty at the Ronald McDonald House. **FAX: 419-479-6961** or **EMAIL: referrals@rmhctoledo.org**. Please call **419-471-4663 ext 0** after 8am or before 9pm to advise that this referral will be arriving.

- HAVE YOU STAYED AT THE RONALD MCDONALD HOUSE BEFORE? YES ___ NO ___
IF YES, WAS IT THIS RONALD MCDONALD HOUSE? YES ___ NO ___
- IS EVERYONE TO BE STAYING AT THE HOUSE OVER 18? YES ___ NO ___
- DO YOU LIVE OUTSIDE THE CITY LIMITS OF TOLEDO? YES ___ NO ___
- TODAY'S DATE _____
- First and Last Name of anyone that may be staying at the House and their birth date (please print clearly).

MOTHER

- FIRST NAME: _____ LAST NAME: _____ M.I.: _____ Date of Birth _____

FATHER

- FIRST NAME _____ LAST NAME _____ M.I.: _____ Date of Birth _____

GUESTS

- FIRST NAME _____ LAST NAME _____ M.I.: _____ Date of Birth _____
- FIRST NAME _____ LAST NAME _____ M.I.: _____ Date of Birth _____

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- ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
 - HOME PHONE: _____ Cell: _____ Hosp. Room Phone (if available) _____
 - E-MAIL: _____ DATE ROOM NEEDED: _____
 - CHILD'S NAME: _____ CHILD'S DATE OF BIRTH _____
 - HOSPITAL: _____
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RMHC strives to ensure the physical and emotional comfort and safety of all our guests. Because it is our mission to create a homelike environment, RMHC reserves the right to refuse admittance to anyone who is either currently on probation or parole or has been convicted of any of the following: (1) a crime of violence, (2) a crime of theft, (3) a crime of domestic violence, (4) a crime against a child, (5) a crime involving illegal drugs, or (6) a felony of any kind.

In addition, RMHC further reserves the right to refuse admittance to any of the following: (1) anyone required to register on the Ohio Sex Offender Registry or the National Sex Offender Registry, (2) anyone who currently has a civil protection order ("CPO") pending against them, or (3) anyone who was exposed to chicken pox, measles, mumps, H1N1 influenza, or any other contagious disease within the past four (4) weeks.

If you answer "yes" to one or more of the questions listed below, we will ask you further questions to determine whether you will or will not be admitted as a guest at RMHC. If they answer "yes" to any of the above questions, the relief manager has the right to refuse admission until they speak with the House Manager or Executive Director during normal business hours.

You may refuse to answer the questions listed below and avoid further inquiry. However, if you refuse to answer the questions listed below, you will not be permitted to stay at the RMHC.

- HAVE YOU OR ANYONE PLANNING ON STAYING AT RMHC EVER BEEN CONVICTED OF A CRIME OF VIOLENCE, A CRIME OF THEFT, A CRIME OF DOMESTIC VIOLENCE, A CRIME AGAINST A CHILD, A CRIME INVOLVING ILLEGAL DRUGS, OR A FELONY OF ANY KIND?
YES ___ NO ___

- IS ANYONE PLANNING ON STAYING AT RMHC CURRENTLY ON PROBATION OR PAROLE?
YES__ NO__
- DO YOU OR ANYONE PLANNING ON STAYING AT RMHC CURRENTLY HAVE A CIVIL PROTECTION ORDER (CPO) PENDING AGAINST YOU OR THEM? YES__ NO__
- ARE YOU OR ANYONE PLANNING ON STAYING AT RMHC REQUIRED TO REGISTER ON THE OHIO SEX OFFENDER REGISTRY OR THE NATIONAL SEX OFFENDER REGISTRY?
YES__ NO__

IN ADDITION, RMHC RESERVES THE RIGHT TO OBTAIN A BACKGROUND CHECK ON ANY GUEST STAYING AT RMHC. SUCH BACKGROUND CHECKS CONTAIN INFORMATION ABOUT THE GUEST, INCLUDING CRIMINAL RECORDS AND OTHER PUBLIC RECORDS, INCLUDING CIVIL CASE RECORDS, DRIVING RECORDS, OR BOTH. THE INFORMATION CONTAINED IN SUCH BACKGROUND CHECKS MAY BE OBTAINED FROM PRIVATE OR PUBLIC RECORDS SOURCES.

- HAVE YOU OR ANYONE PLANNING ON STAYING AT THE RMHC BEEN EXPOSED TO CHICKEN POX, MEASLES, MUMPS, H1N1 INFLUENZA, OR TO ANY OTHER CONTAGIOUS DISEASE WITHIN THE PAST FOUR (4) WEEKS? YES__ NO__
- HAVE YOU RECEIVED A NASAL VACCINATION AGAINST H1N1 INFLUENZA?
YES____ NO__
IF "YES," WHAT DATE DID YOU RECEIVE IT? _____
- HAVE YOU RECEIVED ANY LIVE VIRUS VACCINE WITHIN THE PAST 6 WEEKS?
YES__ NO__
IF "YES," WHAT DATE DID YOU RECEIVE IT? _____

If they answered "yes" to exposure to infectious disease within the past four (4) weeks, they will be placed on the wait list until the four-week period has expired. Thereafter, they will need to contact RMHC at least 48 hours before requesting admission.

PLEASE SUBMIT A COPY OF A PHOTO ID FOR ALL INDIVIDUALS PLANNING ON STAYING HERE.
ALL INDIVIDUALS PLANNING ON STAYING MUST SIGN BELOW.

I certify all of the above information is accurate and complete, and I understand that any misrepresentation, falsification, or omission of information may result in denial of my using the Ronald McDonald House of Northwest Ohio

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

REFERRED BY _____ PHONE NUMBER _____

Must be signed by Nurse, social worker or attending physician

Thank you for submitting the above information. You will be contacted shortly with room availability.

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OFFICE USE ONLY:

Accepted by: _____ Date: _____

RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST OHIO
3883 Monroe Street, Toledo Ohio 43606 * Phone: 419-471-4663 * Fax: 419-479-6961

Last revised: 3/3/2010