



Dayton Ronald McDonald House
Guest Referral Form
 555 Valley Street Dayton, OH 45404
 Phone: 937-224-0047 Fax: 937-496-2476

To request a room the patient’s physician or a member of Kettering Health System staff must **fax the completed Guest Referral form to RMH Guest Services** at 937-426-2476. A Guest Service Manager will review the referral and contact the family regarding their room request. Please note that this referral does not guarantee the availability or offer of a room.

TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN
PARENT OR LEGAL GUARDIAN MUST ALSO SIGN AND DATE CONFIDENTIALITY AGREEMENT ON BACK

Mother’s Name: _____ DOB: _____ Custodial Parent: Y / N
 Father’s Name: _____ DOB: _____ Custodial Parent: Y / N
 Legal Guardian: _____ DOB: _____ Custodial Parent: Y / N

Additional Guests:

Only parents/legal guardians, siblings of the hospitalized patient and individuals directly involved in the patients care are eligible to receive the services offered by Ronald McDonald House.

Name:	DOB:	Relationship to Patient:
_____	_____	_____
Does anyone listed above have or been exposed to an infectious disease?	Y / N	If so please list: _____
Has anyone listed above been charged with or convicted of domestic violence or a crime against a child?	Y / N	If so please list: _____

Home Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____

TO BE COMPLETED BY THE HOSPITAL STAFF

Patient Name: _____ DOB: _____
 Hospital Dept: _____ Room #: _____
 Reason for Hospitalization: _____ Anticipated Stay: _____
 What is the patient’s criticality? _____ *Good Fair Serious Critical*

Is referral family currently being investigated by DCFS? Y / N
 Does referral family appear suitable for communal living: Y / N
 Does referral family have any family dynamics issue that RMH should be aware of: Y / N

Comments: _____
 Completed by (please print): _____ Date: _____

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CONFIDENTIALITY AND EXCHANGE OF INFORMATION

The staff of Ronald McDonald House Charities of the Miami Valley Region (RMHC-MVR) may find it necessary to obtain and exchange information with care providers at **Kettering Health System**. This information includes medical, social and demographic information that is classified as Protected Health Information (PHI) per the Health Insurance Portability Act of 1996 (HIPAA). These communications include but are not limited to telephone, fax and e-mail. These communications are limited to what is necessary to verify there is a clinical need for your family to stay at Ronald McDonald House (RMH) and to help assure that RMHC-MVR is making good decisions regarding utilization of RMH space and resources. This information is also used for the purpose of maintaining a safe environment for guests staying at RMH. Your privacy is important to us. Information obtained by RMHC-MVR will not be released to other families staying at RMH, nor will it be sold or exchanged with other third parties.

By signing this form, you understand and agree that care providers at **Kettering Health System** are authorized to provide medical, social and demographic information, for purposes as described above, to Ronald McDonald House Charities of the Miami Valley Region. You certify that you are at least 18 years of age, and you further understand and agree that this Agreement applies to the signer and all members of the signer's family for all current and future visits and stays at the Ronald McDonald House in Dayton, Ohio.

Parent or Guardian Signature

Date

Fax completed form to RMH Guest Services at 937-496 – 2476.