



Room Request Form

Please complete form prior to submission. Incomplete forms will delay placement on the waiting list.

To: House Manager

Date: _____

Fax #: (314) 773.2053 Park Avenue

Time: _____

(314) 569.8932 West County

First Date of Need: _____

Est. Length Stay: # of days _____ 1-2 months 2+

Guests Staying (max of 4): _____

Does the family have transportation?: Yes No

Patient Information:

Name: _____

Date of Birth: _____ Gender: _____

Address: (Min. of 50 miles)

Phone Numbers:

Main Contact: _____

Secondary Contact: _____

Contact: Family Directly Social Worker

Child's Department: _____

Hospital: _____

Diagnosis: _____

Social Worker: _____

Does child have Missouri Medicaid? Yes No

Phone Number: _____

Other Lodging Reimbursement: _____

Guest Information: *No one under the age of 18 may stay at the House without a parent/guardian

Name: _____ DOB: _____ Relation to Patient: _____

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Special Needs: Elevator: _____ Pack N' Play: _____ Other: _____

By signing or typing my name below, I accept responsibility for confirming that this family meets the requirements for lodging at the RMH. All requests will be placed on the Waiting List in the order received. When a room becomes available, the preferred contact will be notified. **A family has one hour to accept or decline the room before RMH will move on to the next family on the waitlist.** If a family declines a room or they never call back, they will be removed from the waitlist. **Requests are taken no earlier than 3 working days in advance of first day of need**, which includes the first day of need. If you have not heard about your room request by 4:00 pm, plan to make alternate lodging arrangements.

Social Worker: _____

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