



Ronald
McDonald
House
R M H C
Southern California
LOS ANGELES

ROOM REQUEST

Office Use Only

Last Visit _____

ID _____

Room _____

General Information

Date of Request: _____

Returning Family? : ☐ Yes ☐ No

Patient's Last Name: _____ First Name: _____ Middle Initial: _____

Patient's Date of Birth: _____ Sex: ☐ Male ☐ Female

Accompanying Parent/Guardian Name: _____ Relationship: _____

Additional Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell: _____ Primary Language: _____

Medical Information

Diagnosis: _____ ☐ Inpatient ☐ Outpatient

Hospital or Facility: _____ Department: _____

Referred By: _____ Title: _____

Contact Phone: _____ Email: _____

Payment Method: ☐ Self - \$25/night ☐ CCS County: _____ ☐ Sponsor: _____

Request Information

Arrival Date: _____ Estimated Departure Date: _____

Individuals staying at the House: Adults _____ Children _____ Wheelchair accessible room required: ☐ Yes ☐ No

Important Information for Family

Check-in: **3:30pm- 7:30pm** Check-out: 12:00pm **\$20 cash refundable deposit & photo ID for all adults required**

All members of the guest family must meet LARMH requirements, including (1) having no current drug/alcohol abuse, (2) having no conviction relating to domestic violence or crimes against children, including status as a registered sex offender; (3) having no open case with the Department of Children and Family Services; and (4) having no infectious disease or physical condition that might endanger the health of other residents in a communal environment, particularly those who may be immune-suppressed. Parent/guardian must be 18+ to reserve a room. Receipt of referral does not guarantee accommodations.

Medical Information Release Consent

I hereby give the staff of Los Angeles Ronald McDonald House my permission to exchange necessary information with the staff of the hospital or facility where my child is receiving medical care.

Signature

Relationship to Patient

Date

Please complete form and fax to 323-663-8550 or email to LARMH-RoomRequest@rmhcsc.org