

Apt. Referral Fax Form

(Ronald McDonald House Charities Long-Term Apartments)

To: Resident Manager-West
Pine

Date: _____

Time: _____

Fax #: 314.531.6353

Social Worker Name, E-Mail, & #: _____

Hospital: _____ Dept.: _____

Patient Name: _____

Patient Address: _____

Proof of Residence: (Utility Bill, Not Telephone): _____

Insurance or Lodging Reimbursement _____

Case Manager Name, E-Mail, & # : _____

Estimated Length of Stay (year Max.): _____

First Day of need: _____

Treatment: _____

Immunosuppressed – currently or in the future? Yes _____ No _____

Special Considerations: _____

I have reviewed the Apartment Procedures, completed the apartment orientation by RMH Staff and have determined that the above family meets the qualifications set forth by the RMH.

Social Worker's Signature: _____



Upon receiving this referral, House Management will review the family's status and determine if they are appropriate for an apartment. If you have any questions or concerns, please call **Resident Manger 314.531.6601, Ext. 204.**