



## Guidelines for Referring Families

The following guidelines must be met for successful referral to the Ronald McDonald House:

1. The House must receive referrals from a Springfield medical provider (attending physician, nurse, hospital social worker or licensed clinical professional counselor).
2. **The age of the patient must be between birth and their 22nd birthday.**
3. Unmarried guests under the age of 18 must have a parent or guardian at least age 25 with them at all times while in the House. Married guests under the age of 18 must provide state issued proof of marriage.
4. A criminal background check must be successfully completed by each person age 18 and over desiring to be registered as a guest of the House.
5. There is a limit of one room per patient and a maximum of 4 guests per room.
6. Guests are limited to the patient, parents, siblings & grandparents. Additional guests are occasionally accepted if their presence is necessary for the primary caregiver to provide for the patient.
7. Individuals who have had contact with any contagious disease (chicken pox, mumps, flu, pertussis) within the past 21 days may not visit or be a guest of the House.
8. Individuals who have a fever, cold, diarrhea, rash or an open or draining wound are not knowingly admitted to the House.
9. A referral is not a guarantee of a room.
10. Overnight families should live at least 40 minutes from the Ronald McDonald House.
11. At registration, adults will be required to sign an agreement to follow House Rules & Policies.

**To refer a new family** to be overnight guests at the House the medical provider should:

1. Provide the family with the packet of information including:
  - a. Application for Temporary Residence (one per family);
  - b. Criminal Background Check Authorization and Exchange of Protected Information and Confidentiality forms (**one for each family member age 18 and over**); and
  - c. House Rules
2. Complete the top section of the 1<sup>st</sup> page of the Application for Temporary Residence to identify yourself as our medical provider point of contact.
3. Fax the completed Application for Temporary Residence and Criminal Background Check Authorization and Exchange of Protected Information and Confidentiality forms to the House at 217-528-6084.

**If a family is returning to the House**, and we've done a background check within the past 6 months, the medical provider should:

1. Determine if any "new" family members need to complete a Criminal Background Check Authorization & Exchange of Protected Information and Confidentiality forms;
2. Fax the completed Criminal Background Check Authorization forms for "new" family members to the House; and
3. Contact the Director of Charity Operations at [br@rmhc-centralillinois.org](mailto:br@rmhc-centralillinois.org) by fax at 528-6084 or by phone at 528-3314 ext. 147 to provide the patient & medical provider information requested at the top of the Application for Temporary Residence.

# Ronald McDonald House Rules and Policies

**Breaking any of the following seven (7) rules is cause for immediate dismissal and loss of future privileges at the Ronald McDonald House Charities of Central Illinois:**

1. Alcohol, illegal drugs and weapons are prohibited at the House.
2. Pets are not permitted. Service animals are permitted in compliance with Illinois law.
3. Smoking is not permitted in the House, including E-cigarettes and vaping. Smoking may only be done in the designated area (back half) of the patio/garden area.
4. RMHCCI does not condone any form of conduct that creates an intimidating, hostile or offensive environment (including, harassment, bullying or other abusive conduct) for guest families, staff, volunteers or visitors, or otherwise unreasonably interferes with our communal living environment.
5. Parents of hospitalized children **must** maintain the appropriate level of visitation and participation of care of the patient child as determined by hospital staff to continue to stay at the House.
6. Families must adhere to House rules regarding visitors and visiting hours. Visitors are only allowed in the common areas of the House.
7. Families must not abandon their room. Abandoning your room is defined as:
  - a. Leaving town without an authorized pass from House management, or
  - b. Not notifying/turning in your key when checking out of the House

**\*Note: Guests who are not able to follow House rules may be asked to leave.** If a guest family is unable to follow our House rules or is charged with illegal activity while staying with us, they will be required to leave the House immediately and future admittance to the House may be denied.

**The following are additional policies that families are expected to follow:**

## ACCESS TO THE HOUSE

- A staff member or volunteer is on site 24 hours a day. Approved overnight guests have 24-hour access to the House.
- Overnight guests must wear their blue wrist bands at all times when in the House.
- Visiting hours are 8:00am to 8:00pm. Visitors must sign in/out with the volunteer/staff member on duty.
- Day/M meal Only guests and Wait List guests are welcome between 8:00am and 8:00pm and must sign in/out with the volunteer/staff member on duty.
- Staff and Guest Services volunteers are the only individuals who can admit people into the House.
- Individuals who have had contact with any contagious disease (chicken pox, mumps, flu, pertussis or like illness) within the past 21 days may not visit, volunteer or be a guest of the House.
- Individuals with a fever, cold, diarrhea, rash or an open or draining wound will not knowingly be admitted as guests, volunteers or visitors.
- Guests developing any of the above symptoms during their stay are expected to: 1) advise House staff immediately, and 2) check out of the House and not return until approval has been received from hospital staff providing care to the hospitalized or out-patient child (usually at least 24 hours following cessation of symptoms).

## SECURITY AND SAFETY

- Electric heaters and open flames (including lit candles, matches and burning incense) are not permitted in the House.
- Irons may only be used in the laundry room.
- Guests must not move or rearrange furniture. Contact House staff if you feel your family would be better served if the furnishings of your room were positioned differently.
- Physical and verbal abuse and the use of profanity (swearing) are not permitted. Corporal punishment (spanking or hitting as means of correcting behavior) is not permitted.
- No sales or solicitation of funds may be made of House guests while on the premises of the House.

## VISITATION AND SUPERVISION OF CHILDREN

- No unmarried person under the age of 18 may be left alone on House property at any time. Children under the age of 12 must remain in visual sight of an adult relative/guardian at all times.
- All parents are expected to be present for Daily Rounds by the Medical Staff of their in-patient child.
- For NICU families, rounds begin at 9:30 am. The House expects that ALL NICU PARENTS will be away from the House beginning at 9:30 am and not return until rounding has been completed with their child.
- All NICU parents are expected to participate in the feeding and care of their infants as recommended by hospital staff no fewer than 4 times of 1 to 2 hours each day between 6am and 9pm. Parents are responsible for signing in and out on the form located at the infant's bedside. (form received at check-in)

## FOOD AND MEALS

- Food may be eaten in the dining room or outside in the patio areas only. Drinks **with lids** are allowed in common areas and guest rooms.
- All food prepared at the House must meet the five key procedures to safer food from the World Health Organization.

## SANITATION, CLEANLINESS AND COURTESY TO OTHERS

- Clean up after yourself and your children before leaving an area.
- No sleeping in the common areas of the House please!



# Ronald McDonald House Rules and Policies

## SANITATION, CLEANLINESS AND COURTESY TO OTHERS (CONTINUED)

- Quiet hours are to be respected from 10:00pm to 8:00am. Only emergency calls from the hospital will be transferred to guest rooms during quiet hours.
- Shirts, pants, shoes/slippers are required in the hallways and common areas. The attire is to be respectable at all times.
- Guest rooms must be kept clean and orderly. House staff will check rooms weekly for compliance.
- Trash should be taken to the small dumpster in the north parking lot. Odorous items such as dirty diapers should be put in a sealed bag and placed in the dumpster promptly.
- RMHCCI recognizes that religious and spiritual beliefs may contribute to the well-being of many families, particularly in the difficult circumstances that bring families to the House. RMHCCI affirms and supports each family's right to personal spiritual expression. The RMHCCI program is secular and, as such, we do not promote one religious or spiritual belief system over another, nor do we promote religion over non-religion.
- House guests must not disclose confidential information or use the names, photos or other identifying characteristics of other guest families at the House, House staff or volunteers without consent (including postings to social media).

## BREASTFEEDING AND BREAST MILK STORAGE

- RMHCCI fully supports a mother's right and choice to breastfeed her child in a supportive, comfortable environment. Guests are asked to show consideration and respect for one another in the House's communal living environment. A guest who is uncomfortable with a mother who is nursing in a communal area may remain in the communal area or excuse themselves to another area of the building.
- Breast milk requiring refrigeration can be maintained either in a small cooler in the guest room (discuss this option with the hospital lactation specialist) or in a labeled, locked container maintained in the Family Refrigerator located in the pantry.
- Short-term breast milk storage is available in a House-owned upright breast milk freezer in containers with locks. Each family may store one House container (holds 15 bottles) in this freezer. No milk may be stored in the door of the freezer or outside of a locked container.
- Longer-term breast milk storage is available in a locked chest freezer in the basement. Families can contact the volunteer or staff member on duty during office hours to access this freezer.

## MEDICAL AND CLINICAL ACTIVITIES

- Medical and/or clinical activities are not permitted in the House other than that which can be administered by a parent or other caregiver in the privacy of the guest's room.
- Medication must be properly maintained by the patient or patient's parent in their guest room.
- Medication requiring refrigeration may be maintained in a small cooler in the guest room or in a labeled, locked container in the Family Refrigerator in the pantry.
- A basic first aid kit is maintained by the House.
- **All injuries that occur at the House must be reported to House management for an incident report to be created.**
- Sharps such as insulin needles must be disposed of properly in the sharps container at the Guest Services Desk. They **should not** be placed in trash cans.
- The House is not a medical facility and is not to supply "specialized care" to families, such as the use of suction machines or equipment that requires uninterrupted electrical power.
- Families not available to receive medical deliveries may have the delivery company representative leave supplies in the guest's room if the family makes prior arrangements with House management.
- Families must be present to accept oxygen tanks & medications that require refrigeration. Extreme precaution must be taken in the safe storage and handling of oxygen cylinders. Oxygen tanks may not be left unattended in the common areas.
- It is the family's responsibility to make arrangements for medical supply companies to pick up leased equipment prior to check-out. All medical equipment and supplies remaining at check-out are to be removed from the House by the family.
- In case of medical emergency contact 911 and notify House staff immediately.

## GOING HOME

- **Guests may take a 24/48-hour pass and keep the same room.** If all adults need to be away from a room overnight (other than at the hospital), the family can make arrangements by completing the 24/48-hour Pass form and turning in all assigned room keys. We require each family to use the room 5 nights each week. All exceptions must be approved by House management.
- **Families are expected to check-out of the House within 24 hours after the patient has been discharged from treatment.** Check-out forms are located at the Guest Services Desk.

Ronald McDonald House Charities of Central Illinois

Application for Temporary Residence

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Inpatient: Yes No If Inpatient, Date of Admission \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Physician: \_\_\_\_\_

Hospital and unit or office treating patient: \_\_\_\_\_

Contact Number for Hospital Unit or Medical Office \_\_\_\_\_

Referring Social Worker, RN, Physician, or LCPC: \_\_\_\_\_

**Beginning Date of Need:** \_\_\_\_\_ **Estimated Length of Stay:** \_\_\_\_\_

FAMILY INFORMATION – List all individuals who want to stay at the Ronald McDonald House. The rooms of the House are able to comfortably accommodate 2 to 3 people. Criminal background checks must be conducted on all guests age 18 and over prior to being admitted to the House. Please see the accompanying "Criminal Background Investigation" policy and "Criminal Background Check Authorization" for details.

Name	Birth Date	Relationship to Child
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does each family member age 18 and above listed on this page have a valid photo ID?

Yes \_\_\_\_\_ No (please explain) \_\_\_\_\_

\_\_\_\_\_



Has your family ever stayed at this Ronald McDonald House? Yes\_\_\_\_ No\_\_\_\_

If yes, provide the date of your last stay \_\_\_\_\_

Has your family ever stayed at any other Ronald McDonald House? Yes No

If yes, provide date(s) and location (city, state, country): \_\_\_\_\_

Have any of the individuals listed recently been exposed to any infectious diseases or been running an undiagnosed fever?

Yes\_\_\_\_ No\_\_\_\_

The House Management may deem it necessary to obtain and/or exchange information with your child's doctor or other hospital staff during your child's treatment. This information is primarily used to help us make decisions about the best utilization of our rooms. Information we obtain will only be divulged on a "need to know" basis to those individuals or entities that RMHCCI deems necessary to review it.

By signing below, you understand and agree that your child's doctors, other hospital staff and medical service providers are authorized to provide any information to Ronald McDonald House Charities of Central Illinois. You further understand and agree that this confidentiality and exchange of information statement applies to the signer and all members of signer's family staying at RMHCCI.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax completed application along with Background Consent forms for each adult (age 18 and older) to 217-528-6084.

## **Criminal Background Investigation Policy**

Ronald McDonald House Charities of Central Illinois (RMHCCI) conducts a criminal history background check on all individuals (18 years of age or older) applying for temporary residence at RMHCCI. As a condition for acceptance as a temporary resident, each applicant shall authorize in writing a background investigation to determine if the applicant has been convicted of, pleaded guilty to, or otherwise acknowledged guilt of certain serious criminal or drug offenses. A criminal conviction record which reveals behavior that may adversely affect another individual's (e.g., other temporary residents, guests, staff, volunteers) health, safety, welfare and ability to peacefully enjoy the RMHC facility shall result in a denied application for temporary residence. No person shall be accepted as a temporary resident of RMHCCI until a criminal background investigation has been completed.

RMHCCI will not knowingly accept as a temporary resident a person who has been convicted of, pled guilty to, or otherwise acknowledged guilt of any Class X felony, domestic battery, aggravated domestic battery, or any crime directed against a child, as such offenses are set forth in the Illinois Criminal Code and any future amendments of such Code, or any person who is a registered sex offender. Notwithstanding the foregoing, if a person is a registered sex offender based on conviction, guilty plea, or other acknowledged guilt of misdemeanor sexual assault as set forth in Section 11-1.50 of the Illinois Criminal Code, the Board of RMHCCI, in its sole discretion, may review the circumstances of such conviction, guilty plea, or acknowledgement of guilt and in its sole discretion may accept such person as a temporary resident.

Because it is our mission to create a home-like environment, in addition to the above, RMHCCI reserves the right to refuse admittance to individuals currently on parole, individuals with a recent criminal history of theft, robbery, burglary or the manufacture or sale of drugs, or any individual who provides false, incomplete, or misleading responses during the formal criminal history background check process. RMHCCI, in its sole discretion, will make that determination before granting an individual's application for temporary residence. RMHCCI also reserves the right to expel a guest for any other inappropriate, irresponsible, or criminal behavior that takes place while temporarily residing at the House.

## CRIMINAL BACKGROUND CHECK AUTHORIZATION

In connection with your application for a stay as a temporary resident of Ronald McDonald House Charities of Central Illinois ("RMHCCI"), please be advised that you are required to authorize a criminal background check before you can be accepted as a temporary resident at RMHCCI. Your criminal background information will be considered in deciding whether you will be accepted as a temporary resident. See accompanying "**Criminal Background Investigation Policy**." Such criminal background investigation may be conducted by a consumer reporting agency.

**By completing and signing this form, I hereby consent and authorize RMHCCI to obtain a criminal background check on me, and I hereby certify that all of the information I supplied on my application for a stay as a temporary resident is true and accurate.**

**I further acknowledge and agree that in the event I am cleared and accepted as a temporary resident, this signed authorization form will be kept on file and will serve as ongoing authorization for RMHCCI, at its sole discretion, to obtain a criminal background check on me at any time while I continue to be a temporary resident.**

Name (please print full name):  
(first, middle & last)

\_\_\_\_\_

Date of birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

List all other names, including  
maiden names, you have been  
known by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Current home address and  
county of residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous home addresses  
& counties of residence  
(within the past 10 years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of patient:

\_\_\_\_\_

**RMHCCI OFFICE USE ONLY:**      \_\_\_\_ Accepted      \_\_\_\_ Not Accepted

Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_



## **Exchange of Protected Information and Confidentiality**

The staff of Ronald McDonald House Charities of Central Illinois (RMHCCI) may find it necessary to obtain and exchange information with care providers at the patient's hospital. 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 and to help assure that RMHCCI is making good decisions regarding utilization of House space and resources. This information is also used for the purpose of maintaining a safe environment for guests staying at RMH and the patients served. Your privacy is important to us. Information obtained by RMHCCI will not be released to other families staying at RMHCCI, nor will it be sold or exchanged with other third parties.

By applying for a stay as a temporary resident of RMHCCI, you acknowledge and agree to this exchange of information.

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*Signature*

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*Print Full Name*

Date: \_\_\_\_\_



## CRIMINAL BACKGROUND CHECK AUTHORIZATION

In connection with your application for a stay as a temporary resident of Ronald McDonald House Charities of Central Illinois ("RMHCCI"), please be advised that you are required to authorize a criminal background check before you can be accepted as a temporary resident at RMHCCI. Your criminal background information will be considered in deciding whether you will be accepted as a temporary resident. See accompanying "**Criminal Background Investigation Policy**." Such criminal background investigation may be conducted by a consumer reporting agency.

**By completing and signing this form, I hereby consent and authorize RMHCCI to obtain a criminal background check on me, and I hereby certify that all of the information I supplied on my application for a stay as a temporary resident is true and accurate.**

**I further acknowledge and agree that in the event I am cleared and accepted as a temporary resident, this signed authorization form will be kept on file and will serve as ongoing authorization for RMHCCI, at its sole discretion, to obtain a criminal background check on me at any time while I continue to be a temporary resident.**

Name (please print full name): \_\_\_\_\_  
(first, middle & last)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all other names, including  
maiden names, you have been  
known by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current home address and  
county of residence: \_\_\_\_\_

Previous home addresses  
& counties of residence  
(within the past 10 years): \_\_\_\_\_

Name of patient: \_\_\_\_\_

**RMHCCI OFFICE USE ONLY:**      \_\_\_\_Accepted      \_\_\_\_ Not Accepted

Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_

## **Exchange of Protected Information and Confidentiality**

The staff of Ronald McDonald House Charities of Central Illinois (RMHCCI) may find it necessary to obtain and exchange information with care providers at the patient's hospital. 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 and to help assure that RMHCCI is making good decisions regarding utilization of House space and resources. This information is also used for the purpose of maintaining a safe environment for guests staying at RMH and the patients served. Your privacy is important to us. Information obtained by RMHCCI will not be released to other families staying at RMHCCI, nor will it be sold or exchanged with other third parties.

By applying for a stay as a temporary resident of RMHCCI, you acknowledge and agree to this exchange of information.

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*Signature*

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*Print Full Name*

Date: \_\_\_\_\_



## CRIMINAL BACKGROUND CHECK AUTHORIZATION

In connection with your application for a stay as a temporary resident of Ronald McDonald House Charities of Central Illinois ("RMHCCI"), please be advised that you are required to authorize a criminal background check before you can be accepted as a temporary resident at RMHCCI. Your criminal background information will be considered in deciding whether you will be accepted as a temporary resident. See accompanying "**Criminal Background Investigation Policy**." Such criminal background investigation may be conducted by a consumer reporting agency.

**By completing and signing this form, I hereby consent and authorize RMHCCI to obtain a criminal background check on me, and I hereby certify that all of the information I supplied on my application for a stay as a temporary resident is true and accurate.**

**I further acknowledge and agree that in the event I am cleared and accepted as a temporary resident, this signed authorization form will be kept on file and will serve as ongoing authorization for RMHCCI, at its sole discretion, to obtain a criminal background check on me at any time while I continue to be a temporary resident.**

Name (please print full name): \_\_\_\_\_  
(first, middle & last)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all other names, including \_\_\_\_\_  
maiden names, you have been \_\_\_\_\_  
known by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current home address and \_\_\_\_\_  
county of residence: \_\_\_\_\_

Previous home addresses \_\_\_\_\_  
& counties of residence \_\_\_\_\_  
(within the past 10 years): \_\_\_\_\_

Name of patient: \_\_\_\_\_

**RMHCCI OFFICE USE ONLY:**      \_\_\_\_ Accepted      \_\_\_\_ Not Accepted

Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_

## **Exchange of Protected Information and Confidentiality**

The staff of Ronald McDonald House Charities of Central Illinois (RMHCCI) may find it necessary to obtain and exchange information with care providers at the patient's hospital. 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 and to help assure that RMHCCI is making good decisions regarding utilization of House space and resources. This information is also used for the purpose of maintaining a safe environment for guests staying at RMH and the patients served. Your privacy is important to us. Information obtained by RMHCCI will not be released to other families staying at RMHCCI, nor will it be sold or exchanged with other third parties.

By applying for a stay as a temporary resident of RMHCCI, you acknowledge and agree to this exchange of information.

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*Signature*

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*Print Full Name*

Date: \_\_\_\_\_



## CRIMINAL BACKGROUND CHECK AUTHORIZATION

In connection with your application for a stay as a temporary resident of Ronald McDonald House Charities of Central Illinois ("RMHCCI"), please be advised that you are required to authorize a criminal background check before you can be accepted as a temporary resident at RMHCCI. Your criminal background information will be considered in deciding whether you will be accepted as a temporary resident. See accompanying "**Criminal Background Investigation Policy**." Such criminal background investigation may be conducted by a consumer reporting agency.

**By completing and signing this form, I hereby consent and authorize RMHCCI to obtain a criminal background check on me, and I hereby certify that all of the information I supplied on my application for a stay as a temporary resident is true and accurate.**

**I further acknowledge and agree that in the event I am cleared and accepted as a temporary resident, this signed authorization form will be kept on file and will serve as ongoing authorization for RMHCCI, at its sole discretion, to obtain a criminal background check on me at any time while I continue to be a temporary resident.**

Name (please print full name): \_\_\_\_\_  
(first, middle & last)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all other names, including  
maiden names, you have been  
known by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current home address and  
county of residence: \_\_\_\_\_

Previous home addresses  
& counties of residence  
(within the past 10 years): \_\_\_\_\_

Name of patient: \_\_\_\_\_

**RMHCCI OFFICE USE ONLY:**      \_\_\_\_Accepted      \_\_\_\_ Not Accepted

Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_

## **Exchange of Protected Information and Confidentiality**

The staff of Ronald McDonald House Charities of Central Illinois (RMHCCI) may find it necessary to obtain and exchange information with care providers at the patient's hospital. 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 and to help assure that RMHCCI is making good decisions regarding utilization of House space and resources. This information is also used for the purpose of maintaining a safe environment for guests staying at RMH and the patients served. Your privacy is important to us. Information obtained by RMHCCI will not be released to other families staying at RMHCCI, nor will it be sold or exchanged with other third parties.

By applying for a stay as a temporary resident of RMHCCI, you acknowledge and agree to this exchange of information.

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*Signature*

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*Print Full Name*

Date: \_\_\_\_\_