ALBERT E. AND GENA
READ
GUEST HOUSE

REFERRAL FORM

The Referral Form below must be completed by a Referring Agent ***(physician, nurse, scheduler, case manager or social worker)*** of the patient.

- **Please call the Hospitality House to verify room availability before submitting this form**. ***CALL: (409) 212-6500***
- **Referral Forms and Guest Eligibility Requirements should be faxed to: (409) 838-1560**

- If a fax machine is not available, please send the form with the family to the hospitality house.

REGISTRANT INFORMATION

Name:_____

Phone:_____ Number guests staying in room: _____

Expected Arrival Date:_____Tentative Length of Stay:_____

Patient Name: _____ Relationship to Patient:_____

Patient Date of Birth: _____ Patient Room Number:_____

REFERRING AGENT INFORMATION

Name: _____ Title: _____

Doctor Name: _____ Referring Hospital: _____

Phone number for verification (if needed): _____EXT._____

As a referring source, I have reviewed the Eligibility Requirements with the registrant and agree that the registrant meets these requirements. I am also willing to attest to the fact that the registrant is in need of the services provided at the Reaud Guest House and understand that should it be found that the registrant does not meet the requirements and expectations of the Reaud Guest House, the registrant will not be permitted to stay.

_____ _____

Signature of Referring Agent Date

Please note the following guidelines for submitting Guest Referral Forms:

GUEST REFERRAL

The Reaud Guest House provides an affordable, temporary "home away from home" for family members of patients, outpatients, surgery patients themselves, who are receiving care at Baptist Hospital, or other local medical facility. All guests **must** have a referral from a Referring Agent (i.e., *social worker or case worker*) to be able to stay in our facility. The referral acts as an initial screening of guests and does not guarantee that a room will be made available.

ELIGIBILTY

- Guests must be family members or caregivers of patients receiving hospital inpatient care, outpatient therapeutic care, or undergoing outpatient surgical procedures at Baptist Hospital, or local medical facility. Outpatients are also eligible, provided they are able to care for themselves or have a caregiver.
- For the protection of everyone, guests with infections disorders (i.e., flu, cold, lice, chicken pox, shingles, measles, hepatitis A, tuberculosis, etc.) cannot be admitted.
- Potentially disruptive families, families suspected or known to have a history of substance abuse, child or spousal abuse are ineligible.
- ***Guests must check out from the facility within 24 hours of patient's discharge from the hospital or the completion of an outpatient procedure.***

IMPORANT INFORMATION FOR GUESTS

- **There is a minimum fee of $45 per room per night**. This helps us defray a portion of our cost. The average hotel room in Beaumont is $95 per night plus tax. We are pleased to be able to offer first class accommodations at a very minimal cost to our guests. We accept all major credit cards and cash. No personal checks accepted. Rooms can accommodate up to four (4) guests.
- We offer onsite kitchen with refrigerator, microwave, vending machines, and laundry facilities.

The Reaud Guest House offers services to all, regardless of race, religion, or gender.

Completed form should be faxed: (409) 838-1560.

1. Does the registrant(s) have a permanent address? ____Yes ____No
2. Is the registrant 18 years of age and older? ____Yes ____No
3. Will the registrant have a photo ID to present at time of registration? ____Yes ____No
4. Has any family member recently been exposed to any infectious disease?
   (i.e., flu, cold, lice, chicken pox, shingles, measles, hepatitis A, tuberculosis, etc.) ____Yes ____No
5. Is the registrant(s) currently on parole? ____Yes ____No
6. Has the registrant(s) been convicted of a crime (not including traffic
   violations) within the past twelve (12) months? ____Yes ____No
7. Is the registrant fully able to care for him/herself during his/her stay,
   or with the assistance of a caregiver who will be staying with the registrant? ____Yes ____No

I understand that determination of eligibility is in the sole discretion of the staff of the Reaud Guest House. Completion of this form does not guarantee admission to the facility.

_____ _____

Signature of Registrant Date