



Ronald McDonald House® Charities of West Georgia, Inc.

FAMILY REFERRAL AND BACKGROUND CHECK RELEASE

Please complete this form in its ENTIRETY. Incomplete forms may result in delayed or denied referral and admission. **Please fax the completed form to (706) 321-0034 or email it to Renee.sturkie@rmhcwga.org** . You may also visit our website and apply online under "How To Stay" Please allow up to 24 hours for admission acceptance. A staff member of RMH will notify the referring person named below if admission has been approved.

Referring Facility (Circle) MMC NICU MMC PICU MMC-Other
AESH/CW/Twin Cedars Bradley Center St Francis Columbus Regional-Other
Other Facility Referring Person: _____ Phone/Email _____

PATIENT INFORMATION: Name (Last, First) _____ M F
Date of Patient's Birth __/__/__
Primary Diagnosis _____
Expected length of stay: _____ Is there an open DFACS case for this patient? Y or N

FAMILY INFORMATION: This must be completed for ALL family members wishing to stay at the RMH.

Family Last Name: _____ **Phone (cell/home)** _____

Primary Address: _____

Street, City, State, Zip, and County of Residence of Primary Adult being referred

Last Name	First Name	Rship to Patient	DOB	SSN	Signature/Release (see below)

Will this family require transportation to and from the hospital? **Y N** (*note: appropriate car seats must be provided for ALL children requiring transportation*)

Background Check: All adult family members must submit to a background check prior to their admission to our RMH. Each applicant should read the following completely. Their signature above gives RMHCWGA permission to conduct a background search, including criminal background records if applicable, and to determine whether or not they are eligible to stay at our House.

In conjunction with my application for temporary residence at the Ronald McDonald House in Columbus, Georgia I understand that RMHC intends to utilize SELECTION.COM to obtain consumer reports and investigative consumer reports (hereafter, "reports") about me as defined in the Federal Fair Credit Reporting Act. The reports may include information concerning my creditworthiness, credit standing, credit capacity, character, civil litigation history and/or criminal record. I understand that RMHCWGA may rely on any or all of the above information in determining whether to allow me to temporarily reside at RMH. If RMHCWGA contemplates making an adverse decision that will affect me based in whole or in part on any report obtained by SELECTION.COM, RMHC will provide me a copy of the report at my request. I understand that staying at the RMH in Columbus, Georgia is a privilege, not a right, and I hold harmless RMHCWGA and SELECTION.COM for any decision that may be made in conjunction with my request for temporary residence. I understand that RMHCWGA extends admission to its RMH based on availability, referring facility information, satisfactory report results, and other factors, and that RMHCWGA is under no obligation to provide me temporary residence simply because I have applied. I understand that RMHCWGA provides temporary residence to families without regard to race, creed, gender, national origin, religious affiliation, sexual orientation or preference, or any other characteristic not specifically related to my referral status and my application and report results.