



# REQUEST FOR TEMPORARY HOUSING

Kathy's House  
600 N. 103<sup>rd</sup> Street  
Milwaukee, WI 53226  
414-453-8290

**Fax: 414-453-8292**

After this form is faxed to Kathy's House (KH), the guest will be placed on the wait list. KH will notify the guest once a room becomes available.  
KH will run a background check on all potential guests. Please refer to the FAQ section of [kathys-house.org](http://kathys-house.org) for more information.

## Health Care Provider

Name of person completing form \_\_\_\_\_ Position \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Milwaukee hospital's attending doctor \_\_\_\_\_ MD Contact # \_\_\_\_\_

## Patient Information

Name \_\_\_\_\_

DOB \_\_\_\_\_ City/State \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## Guest Information

\*Guests must reside at a permanent address 50 miles or greater from Milwaukee

Name \_\_\_\_\_ DOB \_\_\_\_\_ City/State \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ City/State \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Requested Arrival Date \_\_\_\_\_ Length of Stay \_\_\_\_\_ Total # of Guests \_\_\_\_\_

Who will be staying at Kathy's House? Patient Guest(s) Both

Will the patient require a caregiver? Yes No Please explain needs: (Note caregivers must be at least 18 years old)

Has any guest been exposed to an infectious or contagious disease? Yes No

Will transportation to hospital be needed? Yes No Anticipated Frequency? \_\_\_\_\_

What is the patient's diagnosis? \_\_\_\_\_

What is the treatment protocol? \_\_\_\_\_

Are there any patient concerns and/or family challenges that the staff at Kathy's House should be aware of? Yes No Please explain: \_\_\_\_\_

Have you ever stayed at Kathy's House in the past? Yes No If so, when? \_\_\_\_\_

I request temporary housing at Kathy's House and authorize the release of the following information by hospital personnel to Kathy's House.

\_\_\_\_\_  
(Patient/Authorized Signature)

**PLEASE NOTE: CHECK-IN TIME IS NO LATER THAN 4:30 PM Mon-Fri and 3:30 PM Sat-Sun**