



Kathy's House

600 North 103rd Street
Milwaukee, Wisconsin 53226
Phone 414-453-8290 Fax 414-453-8292
www.kathys-house.org mail@kathys-house.org

Kathy's House is a hospital hospitality house dedicated to providing lodging and a supportive environment in "a home away from home" for patients and their caregivers traveling to Milwaukee area hospitals for medical treatment.

REFERRAL INSTRUCTIONS

Kathy's House is dedicated to providing lodging and a supportive environment for patients or their caregivers who travel to Milwaukee area hospitals for medical care. Your help is crucial in providing a referral through the use of the "Request for Temporary Housing" form.

Our policy on hospital referrals to Kathy's House for patients and / or caregivers is:

1. Please FAX the "Request for Temporary Housing" form when a patient or caregiver is interested in staying at Kathy's House. This will begin the process. **The prospective guest (patient or caregiver) needs to contact Kathy's House to complete the application.** Rooms are assigned on a first come / first served basis. Guests are encouraged to visit Kathy's House for a tour prior to their arrival. Guests must reside at a permanent address 50 miles or greater from Milwaukee.
2. When discussing a stay at Kathy's House, please provide the guest with the following information to avoid confusion.

Kathy's House is a 501(c)(3) not-for-profit charity that provides housing and support to patients and families who travel to Milwaukee area hospitals for medical treatment. Guests are requested to contribute towards the cost to operate Kathy's House. Details will be discussed with the guest, prior to arrival, when they call to complete their temporary housing application form. The guest should call after the referral form has been FAXed.
3. Your assistance in communicating to us the necessary information when a patient qualifies for medical assistance, insurance benefits or other third party reimbursement is imperative. (Please include this information under NOTES on the "Request for Temporary Housing" form.)
4. **Please emphasize to the guest the need to inform Kathy's House of changes in patient or caregiver status and arrival dates.** We have had many "no shows" which potentially deprive other guests of a room and leave rooms vacant and unused. First time guests need to check in by 4:30 PM. If the guest cannot arrive by 4:30 PM, we need to hear from them to discuss alternate arrangements.
5. Kathy's House van is available for drop-off and pick-up service to hospitals and short grocery shopping trips for guests during their stay at Kathy's House.

Kathy's House, Inc. is a 501(c) (3) non-profit charitable organization.
Donations are tax deductible as allowed by law.
Member of National Association of Hospital Hospitality Houses Inc.



REQUEST FOR TEMPORARY HOUSING

Fax: 414-453-8292

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

After this form is faxed to Kathy's House, the guest must call Kathy's House.
No guest will be admitted without this referral
AND telephone contact with Kathy's House.

Health Care Provider

Name of person completing form _____ Position _____

Hospital _____ Phone _____ FAX _____ Date _____

Milwaukee hospital's attending doctor _____ MD Contact # _____

Patient Information

Name _____ City/State _____ Cell Phone # _____

Guest Information

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

Name _____ 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

Kathy's House intends the information contained in this fax message for personal use by Kathy's House only. The information is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, distribution or copying of this information is strictly prohibited. If you have received this information in error, please notify the sender and destroy this document immediately.