



Ronald McDonald House Charities® Manitoba
566 Bannatyne Avenue
Winnipeg, MB R3A 0G7

Request for Accommodation

Referral Information

Medical referral made by: _____

Unit/Hospital: _____

Phone: _____

Family Information

Parent(s)/guardian(s) name(s): _____

City/Town: _____

Province: _____

Home phone: _____

Cell (if known): _____

Patient Information

Patient's name: _____ Birth Date: _____

Please check one: In patient Out patient

Nature of illness: _____

Accommodation Information

Date of arrival: _____

Anticipated date of departure: _____

Number of parents/guardians staying: _____

Number of children and ages of each child: _____

CFS Involvement

Is there CFS involvement surrounding sexual or physical misconduct that RMHCMB should be aware of that may endanger our House families, volunteers or staff? _____

If yes, the family will not be allowed to stay at the House or Family Room. RMHCMB must ensure to the best of our ability the health and well-being of all families, volunteers and staff.

Please Note: All high risk pregnant moms must be accompanied by an adult caregiver for the duration of their stay.

**Third party billing must be arranged prior to arrival. *Families must call 24 hours before arrival to confirm space.*

Phone: 204-774-4777

Fax: 204-774-2160

www.rmhcmanitoba.org