



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): Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

E-mail address (optional) for sending room request confirmation email: \_\_\_\_\_

### 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 (other than patient) staying at RMHC and ages of each child: \_\_\_\_\_

**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](http://www.rmhcmanitoba.org)