



Ronald McDonald House[®] of Cleveland, Inc.
 10415 Euclid Avenue Cleveland, OH 44106
 Telephone: 216-229-5758 Fax: 216-229-3122
 www.rmhcleveland.org

PATIENT REFERRAL FORM

***Completed PRF is REQUIRED within 48 hours after registration.**

Date: ____/____/____

Patient's Name: _____

Date of Birth: ____/____/____

Home City/State: _____

Referring Physician: _____

Hospital: CCF____RB&C/UH____Rehab____MetroHealth____Other:_____

Department: _____

TREATMENT PLAN

Scheduled Treatment Dates: _____

Estimated Treatment End Date: _____

***Authorized Signature** _____

***Print Name/Title** _____

***Phone:** _____ - _____ - _____

The mission of the Ronald McDonald House of Cleveland is to support families whose children are receiving treatment at area medical centers by providing a home-like environment and essential resources and services.

Ronald McDonald House of Cleveland® , Inc.
Home Health Care Policy and Release Agreement

The mission of the Ronald McDonald House of Cleveland (“RMH”) is to support families whose children are receiving treatment at area medical centers by providing a home-life environment and essential resources and services. Although the Ronald McDonald House of Cleveland is not a medical facility, it may be necessary to perform home health care treatment or therapy in the House. Home health care treatment is defined by the Ronald McDonald House of Cleveland as treatment of patients that are routinely administered by a parent or other adult caregiver (“Responsible Party”), including routine dressing changes, nutritional infusions, hydration infusions, and home medications. Delivery and education of home health care equipment is permitted. Other medical procedures requiring professional medical personnel should be provided in a medical setting and are not permitted in RMH. Ventilators are not permitted in RMH.

The license from McDonald's Corporation to the local Ronald McDonald House of Cleveland prohibits employees and volunteers from administering medication or medical treatment to guests or visitors at RMH, except in emergency situations. Staff and volunteers shall not perform or participate in any medical procedure, nor shall they dispense, store, or administer any medications, including over-the-counter remedies. The license does not restrict guests or families staying at RMH from administering medication or providing other home health care treatment.

The Ronald McDonald House of Cleveland staff, board and volunteers are not responsible for guests' use and maintenance of medical equipment. The Responsible Party is responsible for, and assumes all risk of, the use and maintenance of medical equipment. If there is a requirement for ongoing assistance with the use of medical equipment, guests may be required to vacate RMH for guests' safety. Ronald McDonald House reserves the right on an individual basis to refuse admission or ask a guest to vacate the premises if the patient cannot be safely accommodated or presents a health risk to others. The Responsible Party agrees that the Ronald McDonald House of Cleveland, Inc., its Board of Trustees, employees, volunteers or any other persons affiliated with the Ronald McDonald House are not responsible for any harm, physical, emotional or otherwise, loss or damage that may occur to any person as a result of such home health care treatment.

PROCEDURES:

Should a family have a child who is receiving outpatient medical services while the child resides at the Ronald McDonald House, the following procedures shall govern:

1. If home health care procedures are to be performed in RMH, they must be conducted in the privacy of the family's room, by the Responsible Party.
2. All medications must be under the direct control of the Responsible Party at all times. The Responsible Party is responsible for keeping medical supplies and medications out of the reach of children.
3. Refrigerated medications must be properly labeled and kept in a separate medication refrigerator in the guest's room. Non-refrigerated medications must be placed in a clearly labeled, secure container.
4. The Responsible Party is responsible for the proper disposal of medical waste and must consult with his/her treating medical personnel regarding disposal methods. Medical waste must never be discarded inside the House.
5. An approved sharps disposal container is required in RMH for temporary use for the disposal of intravenous needles. The approved sharps container must be returned by the Responsible Party to the proper disposal source and not disposed of in the general waste containers, in any other containers of RMH or anywhere else in RMH or on its grounds.
6. Should a guest staying at RMH require mechanical medical support for intravenous or nutritional therapy that requires electricity to function, such equipment must have its own battery back up (in addition to its internal battery) or other alternative power source in the event of a power failure.
7. The Responsible Party will call 911 for medical emergencies.
8. The Ronald McDonald House reserves the right to refuse to allow treatments in RMH.

I acknowledge and agree that I have been provided a copy of the rules (the “Rules”) of the Ronald McDonald House of Cleveland®, Inc. (“RMH”) and a copy of the Home Healthcare Policy of RMH. In return for the services and accommodations provided by RMH, I agree for the patient, my family and myself to abide by RMH's Rules and Home Healthcare Policy, and agree that we may be required to leave RMH immediately at any time if RMH (through a House Manager or other authorized representative) determines that we have broken the Rules, Home Health Care Policy or otherwise requests us to leave or vacate the premises. I also understand and agree on behalf of all such persons that RMH, its staff, board of trustees, volunteers and others associated with RMH will not be responsible or liable for (i) any loss of or damage to our valuables, motor vehicles, or other personal property from any cause, including RMH's negligence, and/or for any personal injuries to us (or any of us), illness, or death, from any cause, including RMH's negligence, or (ii) guests receiving home health care treatment while residing at RMH. My signature below as the “Responsible Party” indicates my acknowledgment that I have read and understand the procedures indicated in the Rules and the Home Health Care Policy. Furthermore, I hereby authorize RMH to receive or communicate any information concerning the patient from or to any medical institution or personnel, and, unless otherwise expressly indicated by me in writing, by signing below I further authorize RMH to produce and make use of any photographs, slides, or any information regarding the patient, my family, and myself for the purpose of publicizing the services and work of RMH and/or medical institutions, in any event without any compensation to us or retention of any ownership or other rights in such materials by us.

Name of Patient (“Patient”): _____

Name of Responsible Party: _____ Relationship to Patient: _____

Signature of Responsible Party: _____ Date Signed: _____