

141 W. State Street Akron, Ohio • 44302 P: (330) 253-5400 F: (330) 253-5477 E: <u>akronhouserequest@rmhcneo.org</u>

REQUEST A ROOM-AKRON

The Akron Ronald McDonald House is for the family of patients being treated by Akron Children's Hospital. This information is needed in order to request a room. Please provide this information by completing the form and either emailing, faxing or calling our office. A submitted Room Request does not guarantee availability. We will contact you confirming your request and availability. If you do not hear from us within two days, you must call to confirm that we received your information and check availability.

All adults (18 years old or older) to pass a criminal background check before being allowed to stay at RMHA. Conviction for crimes, including, but not limited to, violent crimes, domestic violence, child abuse, sex offenses, illegal drug activity, burglary, and/or identity theft will result in your request to stay at RMHA being rejected. A separate background check is required for each adult who wants to stay at RMHA. Processing times can be up to 2 days. The Criminal History Background Check Authorization Form can be found on our website or contact our office for a copy.

PLEASE PRINT

Patient Full Name:			
Date of Birth:		Gender: 🗆 N	IALE 🗆 FEMALE 🗆 TBD
Diagnosis:		Doctor:	
Department:			
Date of first appointment:	_ Check in date:		Check out date:
Parent/Guardian Full Name:			
Relationship to patient:	Gender: 🗆 MALE		Date of Birth:
Email:	Phor	ne Number:	
STREET ADDRESS			

CITY, STATE, ZIP CODE

•Requests will be accepted up to 60 days prior to the first night of stay.

• A RMHC NEO staff member will schedule and confirm the arrival date.

•A suggested donation is \$20 per night, but any amount helps us to continue operations for future guests. No one is turned away because they are unable to contribute.

AGAIN, IF YOU DO NOT HEAR BACK FROM US WITHIN TWO DAYS, YOU MUST CALL US TO CONFIRM THAT WE RECEIVED YOUR INFORMATION AND TO CHECK AVAILABILITY.