

**\*\* FOR OFFICIAL USE ONLY \*\***

**FISHER HOUSE REFERRAL FORM**

A referral is not a reservation and does not guarantee a space in the house.

**OFFICE HOURS:**

Mon-Fri: 8 am - 4 pm  
Closed on weekends and all Federal holidays  
**Phone: (910) 450-3885, Fax: (910) 450-3887**  
After hour check-in only by prior arrangement



**REQUESTED LODGING DATES:**

\_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

For after hour room availability, call the Fisher House Duty Phone at (910) 750-5845. Fax completed form to: Fisher House at (910) 450-3887 or email completed form to info@leieunefisherhouse.org.

If patient is receiving outpatient treatment, please refer the family to the Armed Services YMCA at (910) 451-9569 for a list of lodging sites.

**GUEST INFORMATION**

Patients do not stay at the Fisher House. One room per family. One parking space per room.

Name:	Relationship
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Vehicle Make: _____	Vehicle License: _____
Address: Street _____	Phone Numbers:
City _____	Home ___ / ___ / ___ Cell ___ / ___ / ___
State _____ Zip _____	Work ___ / ___ / ___

Patient/Family is on Funded Orders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any family member experienced a recent contagious illness? (such as chicken pox, measles, hepatitis)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are children current with immunizations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special needs or considerations? \_\_\_\_\_

Completed by: \_\_\_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_

**PATIENT INFORMATION**

Name \_\_\_\_\_

Diagnosis \_\_\_\_\_ Estimated Hospital Stay \_\_\_\_\_ Days

Patient Location: \_\_\_\_\_ Patient's Room/Bed \_\_\_\_\_

**SPONSOR INFORMATION**

Name \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Branch of Service:  Navy  Marine  Air Force  Army  Coast Guard

Status  Active  Retired      Duty Station \_\_\_\_\_

**Fax form directly to the Fisher House: (910) 450-3887**

## **FISHER HOUSE POLICIES, REFERRAL PROCEDURES AND ADMISSION GUIDELINES**

The Fisher House accommodates families who need to be close to loved ones undergoing treatment as an inpatient at Naval Hospital Camp Lejeune. The house is available to families who have no local accommodations for a maximum of 30 days. The Fisher House serves as a compassionate and supportive home for families who are coping with the stress of a life threatening crisis.

### **Eligibility Requirements**

- (a) Patient must be inpatient at the time of families check in.
- (b) Family must be traveling a distance of at least 40 miles one way.
- (c) Patient's condition must be serious in nature. No diagnostic testing or general procedure.
- (d) Families are expected to check out when patient is discharged to MedHold.

### **Referral Procedure**

- (a) Referral may be prepared by Physicians, Nurses, Chaplains, Case Managers, American Red Cross, Recovery Care Coordinators or Patient Administration.
- (b) Referral Forms are available at each nurse's station and via the Camp Lejeune Fisher House website.

### **Admitting Guidelines**

Families may not always be admitted on a first-come first-serve basis. Factors such as financial hardship may not always qualify the family to stay at the Fisher House. The following will be taken into consideration:

- (a) Medical Condition: Terminal, Critical, Serious
- (b) Financial: Junior enlisted personnel have priority before senior enlisted and civilians without financial assistance.
- (c) Distance Traveled: Minimum commute of at least 40 miles one way.
- (d) Status: Active duty personnel have priority.

### **Admittance Process**

- (a) The family will be contacted by the Fisher House staff for a move in date.
- (b) A family may be admitted after business hours if prior arrangements have been made.
- (c) Office hours are 8 am- 4 pm Monday through Friday, closed on weekends and all Federal holidays.
- (d) Emergency overnight or walk ins are unable to be accommodated.
- (e) Families arriving on funded orders are authorized a five night maximum length of stay. Families not receiving financial assistance have priority.
- (f) Families needing to leave the area for more than two nights are required to check out of the Fisher House.

### **Advanced Referral**

- (a) In advance of a family's arrival, a referral form may be completed and submitted to the Fisher House. Advance referrals do not guarantee availability.
- (b) The Fisher House staff will notify the family of availability.