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**Our Mission:** RMHC of the Carolinas' mission is to keep families with critically ill or injured children close to each other and the care and resources they need in our community; while providing a home filled with hope, encouragement and comfort. We find and support programs that directly improve the health and wellbeing of children.

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### Welcome to RMHC of the Carolinas!

Please be sure to fill out all information in this New Resident Package to the best of your ability. If you have any questions, please contact our Director of House Operations, Tasha Bruce, at 864-235-0506.

Email completed form to [tbruce@rmhcarolinas.com](mailto:tbruce@rmhcarolinas.com).

#### KEY DEPOSIT

A \$10.00 refundable deposit is required to receive 1 room key.  
A \$20.00 refundable deposit is required to receive 2 room keys.

Please sign below to acknowledge that you have paid the deposit and received your keys  
Signature\_\_\_\_\_Date\_\_\_\_\_

Please sign below that you have returned your keys and received the return of your \$10.00 or \$20.00 deposit  
Signature\_\_\_\_\_Date\_\_\_\_\_

## RESIDENT REGISTRATION FORM

Resident Initials \_\_\_\_\_ # of people staying at RMH \_\_\_\_\_

**Patients Name** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

County of Child's Residence \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Diagnosis \_\_\_\_\_

Hospital & Unit \_\_\_\_\_ If preemie, give due date \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

## RESIDENTS STAYING IN ROOM

**MOTHER'S NAME** \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

**OTHER ADULT** \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### CARS PARKED at RMHC of the Carolinas

Make Car#1 \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate# \_\_\_\_\_ State \_\_\_\_\_

Make Car#2 \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate# \_\_\_\_\_ State \_\_\_\_\_

### INFECTIOUS DISEASE CONTROL FORM

Has anyone in family been exposed in past 3 weeks to (check yes or no to each item below):

<b>DISEASE</b>	<b>YES</b>	<b>NO</b>
Chicken Pox	_____	_____
Measles	_____	_____
Whooping Cough	_____	_____
Shingles	_____	_____

NEXT QUESTIONS PERTAIN TO ANY FAMILY MEMBER STAYING AT THE HOUSE. Circle one for each.

1. Does anyone in the family presently have a fever?  
YES      NO
2. Has anyone in the family had the flu or viral infection within the past week?  
YES      NO
3. Has anyone in the family received a live vaccine (Polio, MMR) within the past 8 weeks?  
YES      NO
4. Any condition, illness or allergy that we should be aware of?  
YES      NO

You agree that if any member of the family who was staying at RMHC of the Carolinas becomes ill with an infectious illness within 7 days after leaving our House, you will contact the Director of Operations of RMHC of the Carolinas immediately so that other residents may be alerted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SIBLING INFORMATION

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

## POLICY AGREEMENT

I/we (resident) agree to abide by the policies of RMHC of the Carolinas and understand that abiding by them is a condition of staying at RMHC of the Carolinas. If these rules are not abided by, I/we (resident) understand that I will be asked to leave immediately with police escort. By my initials on this document, I agree and understand all these rules. RMHC of the Carolinas asks for a \$10/00 a night donation. No one is ever turned away due to their inability to pay.

\_\_\_\_\_ Resident will waive all rights to claims against RMHC of the Carolinas in the event of damage, theft, personal bodily injury or loss anywhere on or within the facility.

\_\_\_\_\_ RMHC of the Carolinas has zero tolerance for verbal or physical abuse.

\_\_\_\_\_ No Felonies, Drugs, Guns, or Alcohol are allowed on facility. The undersigned hereby acknowledges that the RMHC of the Carolinas may perform criminal background searches on any guests or residents of the House if deemed necessary by the staff and hereby consents to any and all such searches.

\_\_\_\_\_ NICU families must check out before going to Family Learning Center.

\_\_\_\_\_ NICU moms must have visitation sheet signed daily at NICU.

\_\_\_\_\_ Residents must initial sign in sheet each night at front entry. If away, talk with front office.

\_\_\_\_\_ Appropriate clothing must be worn at all times outside of room and feet must be covered.

\_\_\_\_\_ Visitors are bound by all RMHC of the Carolinas Rules and Resident will be asked to leave if visitors do not abide by the same rules: Visitation hours: 800am-8:00pm.

\_\_\_\_\_ Food and drink are ONLY permitted in kitchen and dining room.

\_\_\_\_\_ Food is for Residents of RMHC of the Carolinas, not visiting guests.

\_\_\_\_\_ Residents agree to clean up in the kitchen after each use, including the floor and sink.

\_\_\_\_\_ Residents waive all rights to claims against RMHC of the Carolinas regarding any gifts received.

\_\_\_\_\_ No smoking ANYWHERE at RMHC of the Carolinas except at the outside Gazebo.

\_\_\_\_\_ Long Term Residents agree to deep sanitize their rooms every 15 days.

\_\_\_\_\_ RMHC of the Carolinas Staff will do weekly mandatory room checks. Resident agrees to keep room clean and orderly. Staff has the right to enter a room at any time for any reason after first knocking.

\_\_\_\_\_ RMHC of the Carolinas does not have childcare. Children under 16 must be supervised.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RONALD MCDONALD HOUSE CHARITIES® (RMHC®)**  
**GRANT, ASSIGNMENT, RELEASE & WAIVER**

I hereby grant to Ronald McDonald House Charities, its affiliates, subsidiaries, franchises, advertising and promotional agencies, and their agents and representatives, any of its Chapter organizations (defined as an entity having the right to Ronald McDonald House Charities, Ronald McDonald House, Ronald McDonald Family Room, or other trademarks for charitable purposes) (collectively, "RMHC") and McDonald's Corporation, its affiliates, subsidiaries, franchises, advertising and promotional agencies, and their agents and representatives (Collectively, "McDonald's"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my name, voice, image, likeness and/or any other identifiable representation of myself (collectively, "My Likeness".) These materials may appear in any form, style, color or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media.) McDonald's use of My Likeness will be limited to use involving raising awareness of or for support of RMHC.

I agree that all materials containing My Likeness (including, without limitation, all negative, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHC and/or McDonald's, and I hereby assign any right I may have acquired in or to such material to RMHC and/or McDonalds. I hereby release and forever discharge RHC and/or McDonald's from any and al claims, liabilities and damages relating to the use of My Likeness. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I have agreed to the above in consideration of the opportunity given to me by RMHC and/or McDonald's to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction.

I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Name (please print)	Signature
Address	Date Signed
City,State,Country,Zip/Postal Code	E-mail Address

I represent that I am a **parent or legal guardian** of the person identified above, who is a **minor**.

I understand the above consent to the use of his/her Likeness as set forth above.

Signature of Parent or Guardian	Minor's Date of Birth
Name of Parent of Guardian (please print)	E-Mail Address



