



Ronald McDonald  
House Charities®  
of the Carolinas

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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 premie, 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

**There may be only 1 vehicle per room allowed to park at RMHCC. We have very limited parking here at the house!**

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

## INFECTIOUS DISEASE CONTROL FORM

Residents must have vaccinations in order to stay at RMHCC

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

DISEASE	YES	NO
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
5. Have you traveled out of the country in the last 14 days? If yes, where \_\_\_\_\_
6. Have you knowingly had contact with a traveler who recently traveled out of the country or out of the state of country? 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: \_\_\_\_\_

## 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 of the RMHCC and hereby consents to all such searches by the RMHCC.

\_\_\_\_\_ NICU moms must have visitation sheet signed daily at NICU. NICU families must check out before going to Family Learning Center.

\_\_\_\_\_ Residents must initial sign in sheet each night at front entry. If away, talk with front office. If gone for more than 2 days must vacate and get back on the waiting list.

\_\_\_\_\_ Appropriate clothing must always be worn outside of room and feet must always be covered when in common areas.

\_\_\_\_\_ Visitors are bound by all RMHC Rules and Resident will be asked to leave if visitors do not abide by RMHCC rules. Visitation hours: 9:00am-9:00pm. 9:00pm is deemed quiet time. Visitors may never go to resident's rooms only allowed in common areas because they are not registered guest. This is for the safety of everyone in the house.

\_\_\_\_\_ 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.

\_\_\_\_\_ RMHCC 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 18 must be supervised.

\_\_\_\_\_ Residents we ask that in the common areas of the house that no one has their phone on speaker that includes phone conversations, gaming and music.

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 all 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





**BACKGROUND INFORMATION**

**Please print/type the requested information.**  
**Lack of legible or missing information may delay processing of this request.**

Applicant Name:

\_\_\_\_\_

Last	First	Middle
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Other legal names known by (limit to 7years):  
\_\_\_\_\_

Present Address:

\_\_\_\_\_

Street	City	State	Zip	County
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Date of Birth\*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
(MM/DD/YYYY)

SS#\*: \_\_\_\_\_ Male / Female (Circle One) Race \_\_\_\_\_

**Home Addresses for the Past 7 Years:** (List additional addresses on separate page, if needed.)

Street Address	City	State/Zip	County	Dates	Mo/Year
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_  
(Area Code) + Telephone Number

Applicant Email Address: \_\_\_\_\_  
Please Print Clearly

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

