



Ronald McDonald
House Charities®
of the Carolinas

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.

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.

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

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

Make Car# _____ Model _____ Color _____ License Plate# _____ State _____

INFECTIOUS DISEASE CONTROL FORM

COVID-19 Checklist:

1. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/ 95.5 F or greater?

_____ Yes _____ No

2. Do you have any of the following symptoms?

- _____ Cough
- _____ Shortness of breath or chest tightness
- _____ Sore throat
- _____ Body Aches
- _____ Loss of Taste and/or Smell
- _____ Diarrhea
- _____ Nausea
- _____ Vomiting
- _____ Fever/ Chills/ Sweats

3. Have you been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19?

_____ Yes _____ No

COVID-19 Conditions of Stay for Guest Families: Please initial

_____ Ongoing practice of hand hygiene and respiratory etiquette

- Updated signage will be posted at all sinks, on guest room doors, and throughout the House

_____ Social distancing requirements

- All common areas will be closed at this time (kitchen, living rooms, and common spaces)
- Families must follow 6 ft. social distancing guidelines when coming into contact with others in the House. (other guest families and staff)

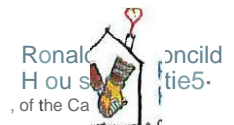
_____ No unapproved visitors including family members and other siblings

_____ Families will need to use sanitizer before entering the House area each time they enter the House.

_____ Daily temperature and wellness checks by our Director of House Operations

_____ Guest families will Inform Director of House Operations of illnesses, suspected illness, or COVID-19 exposure

_____ Families are not to travel back and forth from home during this time. We ask that they limit their travel to the Hospital and the House. This just helps to protect from exposure to the virus. We understand that emergencies might arise, or you may want to pick up food from a drive thru. If you should need other items, please let the Director of House Operations know and she will work to get those items to you.



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? 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 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

Other legal names known by (limit to 7years):

Present Address:

Street

City

State

Zip

County

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

