



Ronald McDonald  
House Charities®  
of the Carolinas

## Welcome to RMHCC of the Carolinas!

**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.**

**Our house is solely funded by donations, so we ask for your support with a \$10.00 nightly donation, but no one is ever turned away due to their inability to pay.**

Please be sure to fill out all information in this New Resident Package to the best of your ability. **Currently a negative COVID Test result from all adults is mandatory to stay with us.** It can be over the counter, with your physician, lab or local pharmacy. Please take a picture of the results with your picture Identification to be emailed or texted to us at 864-414-5302. Completed forms and/or any mandatory test results can be emailed to [Cbyrd@rmhcarolinas.com](mailto:Cbyrd@rmhcarolinas.com). If you have any questions, please give us a call at 864-235-0506.

We Welcome you!

*Crystal Byrd*

*Director of Operations*



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# RESIDENT REGISTRATION FORM

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

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

Diagnosis \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Hospital & Unit \_\_\_\_\_ If premie, give date \_\_\_\_\_

RACE: \_\_\_\_\_

GUARDIANSHIP (Circle one): PARENT(S) GRANDPARENT(S) OTHER \_\_\_\_\_

## RESIDENT INFORMATION

**Mother's Name** \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

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

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

RACE: \_\_\_\_\_

**Father's Name** \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

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

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

RACE: \_\_\_\_\_

**Other Adult** \_\_\_\_\_ CELL PHONE \_\_\_\_\_

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

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

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

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

RACE: \_\_\_\_\_

### Emergency Contact (Please List Someone Not Listed Above)

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

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

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

## CARS PARKED at RMHCC of the Carolinas

**Parking is very limited so there may be only 1 vehicle per room allowed to park at RMHCC.**

Make Car#1 \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate# \_\_\_\_\_ State \_\_\_\_\_

## INFECTIOUS DISEASE CONTROL FORM

### Residents must have vaccinations in order to stay at RMHCC

#### **Monkey Pox:**

**1. Have you had a new skin rash within the last four (4) weeks?**

- If a family member answers YES to this question, the family may not check in until a medical doctor has provided clearance that the rash is not contagious.

\_\_\_\_\_ Yes \_\_\_\_\_ No

#### **COVID-19 Checklist:**

**2. 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/100.5F or greater?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**3. Do you have any of the following symptoms? (CHECK ALL THAT APPLY)**

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

**4. Have you been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19 or traveled out of the country (USA) (DOESN'T APPLY TO INTERNATIONAL CITIZENS)?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

#### **COVID-19 Conditions of Stay for Guest Families:**

##### **Please initial**

\_\_\_\_\_ Ongoing practice of hand hygiene and respiratory etiquette  
\_\_\_\_\_ Social distancing requirements  
\_\_\_\_\_ 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  
\_\_\_\_\_ Guest families will Inform Director of House Operations of illnesses, suspected illness, or COVID-19 exposure

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 the 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 RMHCC of the Carolinas immediately so that other residents may be alerted.**

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

### **SIBLING INFORMATION**

**(Provide this information only if they will be staying with you in the house)**

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_  
**RACE:** \_\_\_\_\_

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_  
**RACE:** \_\_\_\_\_

SIBLING'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_  
**RACE:** \_\_\_\_\_

**Please list any dietary restrictions so that we may try our best to accommodate you:**

\_\_\_\_\_

# POLICY AGREEMENT

I/we (residents) 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 if necessary. By my initials on this document, I agree and understand all these rules.

\_\_\_\_\_ Residents 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 the 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 Only** Must have a visitation sheet signed daily at NICU. NICU families must check out before going to the Family Learning Center at the hospital if applicable at this time.

\_\_\_\_\_ Residents must initial the sign in/out sheets each day for emergency purposes. **This is very important.**

**If you leave the house for more than 2 days; your room will not be held for you. You must vacate and get back on the waiting list.**

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

**Temporarily No Visitors at this time with no exceptions. We will inform you when this changes.**

Visitors are bound by all RMHC Rules and Residents will be asked to leave if visitors do not abide by RMHCC rules. Visitation hours: 900am-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 guests. This is for the safety of everyone in the house.

\_\_\_\_\_ Food and drink are **ONLY** permitted in the 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 Housekeeping deep sanitize their rooms every 10 days. 24 hour notice will be given.

\_\_\_\_\_ RMHCC Staff has the right to enter a room at any time for any reason after first knocking if in an emergency situation or suspicious of any rules not followed.

\_\_\_\_\_ RMHCC of the Carolinas does not have childcare. Children under 18 must be supervised.

\_\_\_\_\_ 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 McDonald's. 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 parents or legal guardian.

Child's Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I represent that I am a *parent or legal guardian* of the person identified above, who is a **minor**. I understand and AGREE to the above consent to the use of his/her Likeness as set forth above.**

Signature of Parent or Guardian

Name of Parent of Guardian (please print)

**I, as the above child's parent DECLINE the above consent to the use of his/her Likeness as set forth above.**

Signature of Parent or Guardian

Name of Parent of Guardian (please print)





**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 pages, 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.

