

**MUST BE COMPLETED BY MEDICAL PERSONNEL**



**Guest Referral Form**

908 North 8<sup>th</sup> Street  
Bismarck, ND 58501  
(701) 226-7112  
tracyssanctuary@gmail.com

**Lodging for families in medical crisis**

**Eligibility Requirements and Information –Please share this information with referred guests**

- Guests/families with admitted loved ones in the area hospitals
- Out of town patients receiving medical care (i.e. doctor appointments, pre-operation consultations, post follow up etc.)
- Cancer, dialysis, or transplant outpatients receiving treatment (i.e. short term or intermediate treatment plans)
- Guests must be suitable for communal living (no signs of abusive behavior, violence, or drug use)
- Guests may be asked to consent to a background check
- Guests must bring photo ID at the time of check-in
- 2-4 guests allowed per room, depending on room available
- Room rates are free-will donation for all medical emergency situations (suggested \$25/night), \$40/night per room for non-emergency medical patients, discounted rates are available upon request for intermediate cancer, dialysis, and transplant outpatients up to 6 weeks. Refundable security deposit required upon check-in.

**Referring Staff:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Referral staff information must be completed or referral will not be accepted*

**Hospital** (Check one) CHI St. Alexius Sanford Health Mid Dakota Clinic Bismarck Cancer Center

Vibra Other \_\_\_\_\_

**Department:** (Check one) Transplant Oncology Cardiac Trauma Neonatal Neuro Telemetry

ICU (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Name of Patient** \_\_\_\_\_

**Expected Date of Arrival** \_\_\_\_\_ **Expected Length of Stay/Discharge Date** \_\_\_\_\_

**Guest Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Guest 2 Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Number of Guests that will be staying at TSH, including patient if need be \_\_\_\_\_

**Office Use Only**

Date of check-in \_\_\_\_\_

Initials of Admission Rep \_\_\_\_\_