

Tree House Application Form

PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY
Please fax completed form to 253.403.8516.
If you have questions please contact Tree House at 253.403.8510

Referral Information (Referral from clinical MHS staff only)		
Tree House offers Temporary Housing only, subject to MultiCare Policies. Our staff will call family within 24 hours of receiving application to confirm details about their stay (Section completed by clinical/social work MHS staff only)		
Today's Date:	Date of Reservation:	
Expected Length of Stay:		
Date(s) of scheduled appointment/treatment:		
Will the patient be staying at Tree House? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason and length for patient stay:		
Name of Physician requesting patient stay:		
Referral Name:		
Referral Position:		
Referral Contact phone number:		
Medicaid Lodging Request written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicaid Lodging Request faxed to Tree House? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient Information (Section completed by clinical/social work MHS staff only)		
Last Name of Patient:		
First Name of Patient:		
Birth Date:	MRN:	Unit:
Payment Information		
The Tree House fee is \$55/night. A sliding scale fee is available for guests who need assistance. We accept payments by families, friends, and extended family and Medicaid.		
Health and Safety Screening/Background Check (Section completed by guests)		
A criminal background check is required for all guests. Parental/Guardian consent is required for all background checks for minors. Please complete all information below in guest information.		
Individuals who are currently under criminal investigation, or have charges pending, may be ineligible for housing at Tree House. Eligibility determinations will be made by Tree House staff.		
Has anyone who will be staying at Tree House been exposed to a communicable disease (chicken pox, measles, strep and pertussis, etc.) in the last three weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does anyone in your family have a new or current safety concern (protection order, restraining order)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you or anyone who will be staying with you ever been charged or convicted with any misdemeanor or felony criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		

Guest Information

PHOTO ID REQUIRED AT CHECK IN BY ALL GUESTS OVER AGE OF 18 YEARS. EACH GUEST MUST HAVE A PERMANENT ADDRESS TO QUALIFY FOR HOUSING. GUESTS MUST PROVIDE VALID PHYSICAL ADDRESS AND PROOF OF RESIDENCY AT THAT ADDRESS (Drivers license, governmental identification showing physical address, copies of mail or reasonable proof of a permanent address).

Room Occupancy is limited, and may not be exceeded by additional guests.

Primary Guest Information (Parent or Guardian Information. Section completed by guests)

Legal Last Name:	MI:	Legal First Name:
Enter any previous names if applicable:		
Relationship to Patient:	Birth Date:	Gender:
Home Phone Number:	Cell Phone:	
Email Address:		
Physical Address:		
City:	State/Zip Code:	
Cont'd Mailing Address (if different than Physical)		
City:	State/Zip Code:	
Emergency Contact:	Emergency Phone number:	
Special needs or considerations for stay? (i.e. Interpreter, crib, cot, wheelchair access, service animal)		

By signing your name in the box below, you are consenting to a background check to be conducted on you/your child by Tree House. You understand that information revealed by background check may prevent you staying at Tree House, subject pursuant to MultiCare Policies.

Signature:

Additional Guest Information (Section completed by guests)**Guest**

Legal Last Name:	MI:	Legal First Name:
Enter any previous names if applicable:		
Relationship to Patient:	Birth Date:	Gender:
Home Phone Number:	Cell Phone:	
Email Address:		
Physical Address:		
City:	State/Zip Code:	
Cont'd Mailing Address (if different than Physical)		
City:	State/Zip Code:	
Emergency Contact:	Emergency Phone number:	
Special needs or considerations for stay? (i.e. Interpreter, crib, cot, wheelchair access, service animal)		

By signing your name in the box below, you are consenting to a background check to be conducted on you/your child by Tree House. You understand that information revealed by background check may prevent you staying at Tree House, pursuant to MultiCare Policies.

Signature:

Additional Guest Information (Section completed by guests)**Guest**

Legal Last Name:	MI:	Legal First Name:
Enter any previous names if applicable:		
Relationship to Patient:	Birth Date:	Gender:
Home Phone Number:	Cell Phone:	
Email Address:		

Physical Address:	
City:	State/Zip Code:
Cont'd Mailing Address (if different than Physical)	
City:	State/Zip Code:
Emergency Contact:	Emergency Phone number:
Special needs or considerations for stay? (i.e. Interpreter, crib, cot, wheelchair access, service animal)	
By signing your name in the box below, you are consenting to a background check to be conducted on you/your child by Tree House. You understand that information revealed by background check may prevent you staying at Tree House, pursuant to MultiCare Policies.	
Signature:	
Additional Guest Information (Section completed by guests)	
Guest	
Legal Last Name:	MI: Legal First Name:
Enter any previous names if applicable:	
Relationship to Patient:	Birth Date: Gender:
Home Phone Number:	Cell Phone:
Email Address:	
Physical Address:	
City:	State/Zip Code:
Cont'd Mailing Address (if different than Physical)	
City:	State/Zip Code:
Emergency Contact:	Emergency Phone number:
Special needs or considerations for stay? (i.e. Interpreter, crib, cot, wheelchair access, service animal)	
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Signature:	

Tree House Staff ONLY	Y/N	Date Completed	Staff Initials
New Family Application			
Returning Family Application			
Returning Family Application Updated			
Returning Family Referral Updated			
EPIC Verification			
Background Check Performed			
Returning Guest Verbal Background Check Consent			
Confirmed Reservation with referral			
Confirmed Reservation with family			