

Tree House Additional Guest Information 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

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:		
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, subject pursuant to MultiCare Policies.		
Signature:		
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, subject pursuant to MultiCare Policies.		
Signature:		
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, subject pursuant to MultiCare Policies.		
Signature:		
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, subject pursuant to MultiCare Policies.		
Signature:		