



Rotary Club of The Woodlands



ROTARY HOUSE APPLICATION FORM

Patient's Name: _____

Patient's Date of Birth: _____

Name(s) of planned occupants of housing

- 1) Primary Responsible Adult's Name: _____
- 2) Second family member's Name: _____
- 3) Third Family Member's Name: _____
- 4) Fourth Family Member's Name: _____
- 5) Fifth Family Member's Name: _____
- 6) Sixth Family Members: Name: _____

Current Address of Primary Responsible Adult: _____

Cell Phone Number of Primary Responsible Adult: _____

Email Address: _____

Social Security Number of primary responsible adult occupant: _____ - _____ - _____

Driver's License Number: _____ Issuing state of Driver's License: _____

Estimated length of stay: Less than 48 hours 48 hours to 21 days Greater than 21 days

Diagnostic category: Cancer Trauma Heart attack Stroke ICU Stay Other

Is the patient or family member a Rotarian: Yes No

Distance from the patient's house to the hospital: Less than 5 miles 5-10 miles 10-15 miles 15-20 miles 20-25 miles greater than 25 miles

Any extenuating circumstances to be considered: Yes No. If yes, please describe:

Please submit this completed form to rotaryhousetw@gmail.com along with a copy of the planned occupant's driver's license. Please email questions to the same email address. Thank you!



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Credit Card Information:

Name as shown on Card: _____

Credit Card Number: _____

Expiration Date: _____ CVS Code: _____

Signature: _____

Note: Card will not be charged \$130 exit cleaning fee until the applicant has been approved to stay at one of the Rotary House Apartments.

Please submit this completed form to rotaryhousetw@gmail.com along with a copy of the planned occupant's driver's license. Please email questions to the same email address. Thank you!