CUI





REFERRAL FOR LODGING

Fort Campbell Army Fisher House at Blanchfield Army Community Hospital

652 Joel Drive. Fort Campbell, KY 42223 (270) 798-8330 Office Hours: Mon—Fri 0900—1700 closed Federal Holidays

The Fort Campbell Army Fisher House is open to patients* receiving treatment at Blanchfield Army Community Hospital (or eligible military and VA patients referred in the community), family members of such patients, and other persons providing the equivalent of familial support for such patients. The patient's provider, nurse or case manager, hospital social worker or chaplain, or the service member's chain of command can submit a referral. Completed referral forms must be sent via email to the Army Fisher House Manager, wendy.j.carlston.naf@health.mil and must include an email address for the primary guest. Same-day requests must be received by 1500. Check-ins are by appointment only.

* Per DODI 1015.11, personnel on TDY (including Medical TDY) or PCS orders are not eligible to stay at Army Fisher Houses.

The Army Fisher Houses are shared homes and not equipped to handle potential threats associated with wound care or illness. Therefore, to prevent risking the health of others, all guests must be free of contagious conditions and not all patients are eligible for lodging. Eligible patients must have an adult caregiver (18+) with them to stay.

Service dogs are welcome to accompany their handler and should be noted in the 'special circumstances' box. Emotional support animals, comfort animals, and therapy dogs are not service animals under the ADA law, therefore, do not qualify to stay.

Affiliation Acronyms: AD = active duty RET = retiree VA = Veterans Administration

Priority: 1. Families of Combat Casualties 2. Families ICU/NICU Patients 3. Families of inpatients on other wards 4. Outpatients that have same day procedures

PATIENT & SPONSOR INFOR	RMATION					
Patient's Name:			Sponsor: (if N	NOT the patient)	Sponsor's Phone:	
Patient's Relationship to Sponsor: Self Spouse Minor			Sponsor's Affiliation: (ID card type)			Sponsor's Email:
Adult Dependent Child Otl		AD	RET VA	Other		
Hospital/Medical Facility:	Unit POC: (if sponsor is active duty)			Unit POC's Email:		
Ward/Dept/Section/Provider:		Unit &/or Duty Station:			Unit POC's Phone:	
Please explain circumstances validatin	ng the need for lo	odging:				,
GUEST INFORMATION (list	everyone for who	om lodging is being	requested, inc	cluding the patie	ent and child	ren, if applicable)
Name		Relationship to patient (age if mino				Email
Primary						
Address: (city/state)		Is SM/family receiving lodging reimbursement?				
Requested check-in: Estimated chec	st any special circumstances or requests:					
REFERRED BY (verifying patier	nt is actively rece	iving treatment as d	lescribed)			
Name: Title/Role:			Phone:	Email:		
			•			
Army Fisher House Use O			Date Re	ec'd		
Approved Denied		Checked In:	Checked In:			By:
Ву:						
Reason for denial OR Waitlist Status/Priority:		Checked Ou	Checked Out: T		ights	Total Room Nights

to-date:

this month: