

ARMY FISHER HOUSE REFERRAL FOR LODGING

Proudly serving all Military Services and VA!

Fort Campbell Army Fisher House . Address: 652 Joel Drive Fort Campbell, KY 42223

Manager: Ms Wendy Carlston . **Email:** wendy.j.carlston.naf@army.mil . **Group Box:** usarmy.campbell.medcom-hq.list.fisher-house@army.mil

Phone: (270) 798-8330 . **Operation Hours:** Monday-Friday, 0900-1700 Closed Federal Holidays

Eligible residents of Army Fisher Houses are patients* receiving medical care at, or coordinated through, a local military treatment facility (MTF) or Veterans Affairs (VA) facility, Family members of such patients, and those providing the equivalent of familial support to such patients.

Referrals may be submitted by the patient's Provider, Nurse Case Manager, Hospital Chaplain, Social Worker, or the Chain of Command (if active duty). This form should be completed electronically, in its entirety, and sent via email to the Army Fisher House Manager and group box listed above. **Incomplete forms will not be processed.**

As shared homes, Army Fisher Houses **cannot accommodate medical risks associated with wound care or illness; all residents must be free of contagious conditions to ensure the safety of the community. Eligibility is strictly reviewed in **accordance with USC Title 10 requirements**. Patients are required to have an adult caregiver (18+) present. Exceptions to this policy are rarely granted and require extensive Provider documentation alongside formal Managerial authorization. Following a procedure, Outpatients are not authorized to stay without a designated caregiver.*

Service dogs, protected under the ADA law, are welcome and should be noted in the 'special circumstances' box. Pets, emotional support or comfort animals, and therapy dogs are not permitted. Residents with service dogs may be asked if the dog is for a disability and what tasks it performs. Service dogs must be under the handler's control and never left unattended in suites.

Priority: 1. Families of Combat Casualties 2. Families ICU/NICU Patients 3. Families of inpatients on other wards 4. Out-patients that have same-day procedures 5. All others at the manager's discretion on a space available basis.

PATIENT INFORMATION

Name (include rank if AD):	Hospital/Medical Facility:	Ward/Dept:
Patient Type: AD <input type="checkbox"/> Retiree <input type="checkbox"/> VA <input type="checkbox"/> Other <input type="checkbox"/> <small>Active-Duty Veterans Affairs</small>	Treatment Dates:	Briefly explain medical justification for lodging:

SPONSOR INFORMATION

Name (include rank if AD):	Military Affiliation:	Phone:	Email:
Unit or Duty Station:	Unit POC (if AD):	Phone:	Email:

RESIDENT INFORMATION *(list everyone that will be staying, including the patient and children when applicable. For minors, please include approx. age)*

Name	Relationship to patient	Phone	Email
<i>Primary</i>			
Address(city & state):			Special circumstances, needs or requests (Note Service Animal Here):
Requested check-in:	Estimated check-out:	Is SM/family on funded orders OR eligible for reimbursements? Y/N	

REFERRED BY *(you are verifying the patient is actively receiving treatment)*

Name:	Title/Role:	Phone:	Email:
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Army Fisher House Use Only			Date Rec'd:	
Approved by:	New <input type="checkbox"/>	Returning <input type="checkbox"/>	Checked In:	By:
Priority:	Waitlisted / HFH Info / Notes:	Room:	Checked Out:	Room Nights to-date: