

# ARMY FISHER HOUSE APPLICATION FOR LODGING

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This form can be filled in and submitted by email. The red highlighted boxes are required information. Hover your mouse over a box for additional information and tips.

For eligibility requirements and submission instructions, please contact the Army Fisher House where lodging is needed.

### Army Fisher House Locations:

Fort Belvoir, VA  
(703) 805-5203

Fort Bliss, TX  
(915) 742-1860

Fort Bragg, NC  
(910) 849-3466

### Fort Campbell, KY/TN (270) 798-8330

usarmy.campbell.medcom-bach.list.Fisher-House@mail.mil

Fort Gordon, GA  
(706) 787-7100

Fort Hood, TX  
(254) 286-7927

JBSA Fort Sam Houston, TX  
(210) 916-6458

JB Lewis-McChord, WA  
(253) 964-9283

Landstuhl, Germany  
0049-6371-9464-7430

Tripler AMC Honolulu, HI  
(808) 433-1291

Walter Reed at Forest Glen, MD  
(301) 319-5442

## PATIENT INFORMATION

Name:		Age:	
Status: <i>select one</i>	<i>Service Member/Veteran</i> <i>is also the sponsor (see below)</i>	<i>Dependent</i>	<i>Other:</i>
Provide a <b>brief</b> description of medical situation:		Care is related to a combat injury. This is an elective surgery/procedure.	Military Treatment Facility/Hospital:  Ward/dept/section/clinic providing care:
Medical Provider:			

## LODGING IS REQUESTED FOR:

*Include the patient, if applicable. Maximum # allowed per family varies by location and room availability.*

Name (include age if under 18)	Relationship to patient	Phone #

Address: of travelling family	
Email: <i>* By providing your phone &amp;/or email, you are authorizing the Army Fisher House program to contact you regarding your potential stay.</i>	
Is SM/family on funded orders?	Requested check-in:
Do family members have military IDs?	
Is anyone currently ill/contagious?	Length of stay?
Will family have a vehicle here?	
Are there any special needs/requests we should know about? <span style="float: right;">ADA room needed.</span>	

## MILITARY SPONSOR'S INFORMATION

Name:	Rank:	Phone:
Preferred Email:		Status &/or Component
Unit &/or Duty Station		Branch
Unit POC:	Phone:	

### ARMY FISHER HOUSE USE ONLY

Approved	Denied	Checked In: _____	By: _____
By: _____		Checked Out: _____	Room: _____
Reason for denial OR waitlist status:		Vehicle Make & Model: _____	
Color: _____		Plate #: _____	

### Referred / Verified by:

Name:

Role/Title:

Phone:

Date: