

Philoxenia House, Inc.
601 South Ponca Street
Baltimore, Maryland 21224
410-633-5020 / 410-668-4213 fax

Name of Invitee _____ **Date of Birth** _____ **Age** _____
Address _____
City _____ **State** _____ **Country** _____ **Zip** _____
Mailing Address if different than above _____

Telephone _____ **Home** _____ **Work** _____ **Cell** _____
Email _____

Person(s) who will travel, stay and be responsible for care giving of invitee during their stay at above named facility.

Name _____ **Relationship** _____
Address _____
City _____ **State** _____ **County** _____ **Zip** _____

Referring Hospital or Physician _____
Address _____ **City** _____ **State** _____
Telephone _____ **office** _____ **fax** _____

Facility referred to for treatment:

Hospital _____
Address _____ **City** _____ **State** _____
Contact Person _____ **Title** _____
Telephone _____ **Fax** _____ **Email** _____
Dates requesting _____ **Length of Stay** _____
Approximate time of arrival _____
1st Floor Handicap access able _____ **Second Floor (no elevator)** _____

References:

Name _____
Address _____ **City** _____ **State** _____ **Zip** _____
Relationship _____ **Email** _____
Telephone _____

Signature of Invitee _____ **Date** _____

Witness _____ **Date** _____

****Please note if Invitee is a minor, signature of Parent or Guardian is required****

To be completed by Philoxenia House Inc.

Application received on _____ **Confirmed on** _____

Case Number _____

Checked in by _____ **Date** _____ **Time** _____

Comments

Philoxenia House, Inc.

Application

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Please be advised that the Philoxenia House, Inc. does not supply any medical supplies or equipment and does not have medical trained personnel on call. Please note that invitee will check in no later than 6:00 p.m. on the day of arrival unless other arrangements have been made prior. If an early check out is required arrangements must be made in advance.

The following information is strictly for the protection of other individuals or families that might be sharing the facility and will be kept in strict confidence.

To be completed by Hospital, Physician or Social Worker

Name of Invitee receiving medical attention _____.

Diagnosis _____

Has invitee ever had or been exposed to any contagious diseases? _____

If so, please explain _____

What types of procedure or treatment will invitee receive _____?

Will invitee have any restrictions during their stay that would require attention?

Additional Comments: _____

Print Name

Title

Signature

Date

Telephone _____ Email _____

INVITEE'S AGREEMENT (the "Agreement"), made as of the ____ day of, ____ 200__, by and between _____ (the "Invitee(s)"), and The Philoxenia House, Inc. (the "House").

R E C I T A L S:

A. The House is a non-profit organization offering housing facilities to those individuals, who for themselves or a family member are required to receive inpatient or daily outpatient medical care in the Baltimore Metropolitan area, who are referred directly from an area hospital, who are otherwise unable to secure housing or lodging, and who reside at least 100 miles from the location of the House.

B. The Invitee(s) desire to use the housing facilities of the House while they or their family member receives medical treatment in the Baltimore Metropolitan area.

C. The House may decline to offer or continue to offer housing to the Invitee(s), in shared living quarters, if the medical requirements of other invitees, previously afforded or committed to be afford housing, requires that they not share housing or common facilities with the undersigned Invitee(s) or their family members. Invitee(s) agree to provide written authorization to the House, for full disclosure of the medical condition of themselves, their minor children, or the family member requiring the medical treatment.

NOW, THEREFORE, in consideration of the House offering temporary housing to the Invitee(s), the Invitee(s) hereto do hereby agree and acknowledge the following:

1. The Invitee(s) and their minor children if any, are the invited guests of the House and are not tenants, as such they may be required to and agree to immediately vacate the House upon the request of the House without prior notice, for failure to abide by the terms of this Agreement, the attached Rules and Regulations, or any other guidelines or requests of the House.

2. The length of stay shall not exceed the required period of medical treatment, and upon request, the Invitee(s) shall provide the House with written medical verification of the need for continued treatment.

3. The Invitee(s) during their stay at the premises of the House, shall, at all times, faithfully, industriously and to the best of their ability, preserve, protect and maintain the real and personal property of the House, and not interfere with the quiet enjoyment of other guests of the House.

4. The Invitee(s) for themselves and their minor children, do hereby agree to hold the House free and harmless from all liabilities, costs and charges by reason of any act, omission, representation, occurrence or other matter arising out of the use of the facilities and premises of the House, and shall indemnify

and hold harmless the House from any and all liability, costs and expenses arising from actions or omission taken by the Invitee(s) or any of the Invitee(s)' minor children, agents or guests.

5. In recognition of the daily cost associated with the Invitee(s)' use of the property and premises of the House, the Invitee(s) agree to pay a fee equal to Twenty Dollars (\$20.00) per day to help defray such costs, which is not to be considered as rent, and Invitee(s) agree that they are not tenants.

6. This Agreement shall be construed in accordance with and pursuant to the laws of the State of Maryland.

IN WITNESS WHEREOF, the Invitee(s) hereto have executed this Agreement the day and year first above written.

WITNESS:

(SEAL)

Invitee

_____ (SEAL)

Invitee

(SEAL)

Invitee

(SEAL)

Invitee