



**Ronald McDonald  
House Charities®**  
Midwest | MN, WI, IA

Keeping families close®

The mission of Ronald McDonald House Charities Midwest | MN, WI, IA is to provide a home away from home and caring support to families seeking medical care for their children. It is our policy to treat guest families and others fairly, with compassion and without discrimination.

Families and their visitors are required to keep the atmosphere at our House as home-like and stress-free as possible. Everyone is expected to interact in a positive manner and treat others fairly, with compassion and without discrimination.

### **General Requirements:**

- The patient & family must continue to meet general RMHC Midwest | MN, WI, IA eligibility requirements during their stay.
- The patient must be receiving medically necessary ongoing care inpatient or active outpatient (minimum 4 appointments per week). You will be required to provide your child's appointment schedule weekly.
- Patient must be 18 years of age or younger.
- Families cannot be residents of Olmsted County for their entire length of stay.
- Patients must have an adult guardian or caregiver (defined as the person who is responsible for making medical decisions on behalf of the patient) with them during their entire stay.
- Anyone who will be staying at our House in Rochester or visiting must be infectious disease free for 21 days. If anyone staying at our House becomes ill or exposed to an illness, please notify a House Manager immediately.
- Anyone who will be staying at our House must review and answer all the Safety and Security Standards. If an answer is "yes," it may impact your ability to stay at our House.
- RMHC Midwest | MN, WI, IA does not provide services to pediatric patients involved in the PRC Pain Rehabilitation Clinic at Mayo Clinic. If at any point during your stay your child is transferred to this program or enters this program, you are no longer eligible to stay at our House and will need to check out within 24 hours.
- Temporary lodging at our House is a privilege, not a right.

### **Safety & Security:**

- Masks are recommended, but optional, for guest families, volunteers, staff, and all others who enter our House.
- Disrespectful, discriminatory, unsafe, disruptive, abusive (corporal punishment), offensive, suggestive, sexual, or illegal behavior (including the viewing or listening of images or messages) will not be tolerated.
- Alcohol, illegal drugs, firearms, knives, or other weapons are not allowed in our House or on House property.
- Open flames (candles, incense, matches, lighters, etc.) are not allowed at any time.
- **Smoking** is not allowed in our House or on House property. Please be respectful of our neighbor's property as well and do not smoke on their property.
- RMHC Midwest | MN, WI, IA is not responsible for personal belongings left in our House, on House property, or in automobiles.
  - I/we waive any and all rights to make a claim against RMHC Midwest | MN, WI, IA in the event of damage, theft, or loss of your property.
- Staff reserve the right to enter and inspect guest rooms at any time.
- Families are allowed to have a maximum of five people in their guest room.

- If families have an overnight guest that was not registered at the initial check in, he/she/they overnight guest must be reported to the House Manager before staying overnight. All overnight guests must:
  - Review the Infectious Disease Policy and be infectious disease free.
  - Review the Safety and Security Standards. If they answer "yes," they may not be eligible to stay at our House.
  - Complete a Release of Liability form.
- Visiting hours are 9 a.m. - 8 p.m. daily. You are responsible for your visitor's behavior at our House.
  - All visitors must sign in at the front desk with a staff member or volunteer and receive a visitor badge.
  - All visitors must be greeted at the front desk by the guest family they are visiting.
  - All visitors must review the Infectious Disease Policy and be infectious disease free.
  - All visitors must review the Safety and Security Standards. If a visitor answers "yes" he/she/they may not be able enter our House or be on House property.
  - All visitors must complete a Release of Liability.
  - All visitors must follow the Rules and Expectations that are in place.
  - All visitors must check out of our House by 8 p.m. with a staff member or volunteer.
- Only adults 18 years of age and older are allowed access to and use of the Exercise Room. No patients, 18 years old or younger, or children under the age of 18, are allowed to enter or use the Exercise Room due to safety concerns. RMHC Midwest | MN, WI, IA is not liable for any injuries that may occur.

#### **Parent Requirements:**

- Patients 18 years and younger and any other children under the age of 18, cannot be left alone at our House. **Other guest families, volunteers, or staff members are NOT allowed to watch your children.**
- Children/patients must be supervised by a parent or guardian at all times.
  - Children/patients 14 years old and younger must be in their parent/guardian's sight at all times.
  - Children/patients 15-18 years old must be within hearing distance of their parent/guardian at all times.
- RMHC Midwest | MN, WI, IA does not assume responsibility for unsupervised children.
- Parents/caregivers are expected to be active participants (attend appointments, spend time at the hospital with patient, etc) in their child's care.
- Staff will conduct a wellness check after every 30 days to ensure that your family's needs are being met to the best of our ability.
- Families are allowed to be gone from Rochester for two consecutive nights during a week stay without checking out. Please let the House Manager know if you are not going to be at our House.
- Families are expected to check out of our House within 24 hours of being discharged from the hospital or from their last medical appointment.

#### **Community Living:**

- Families are required to clean up and sanitize after using **any public area**.
- Quiet hours are from 10 p.m. - 8 a.m. every day. This includes the public areas and your guest room.
- Please be respectful of all guests, volunteers, and staff at our House. Courtesy is expected of everyone in our House.
- Families are required to clean their guest room before checking out of our House. Failure to do so may result in your family not being able to stay in the future.

**Guest Privacy:**

- RMHC Midwest | MN, WI, IA may exchange necessary information with Mayo Clinic, human service agencies, law enforcement, or other agencies to facilitate serving unique situations or the needs of your family. By signing this document, you authorize this exchange of information.
- RMHC Midwest | MN, WI, IA requires guests to respect the privacy of other guest families or visitors at all times, including the use of social media.

By signing this agreement, I/we understand and agree:

- 1) To abide by these rules, expectations, and applicable policies and to inform my family/guests/visitors of these as well.
- 2) If my child/family does not meet general eligibility requirements and/or if we fail to abide by our House rules, expectations and applicable policies, we may be asked to leave our House.
  - If you are asked to leave our House due to not meeting general eligibility requirements and/or due to not abiding by our House rules, expectations, and applicable policies, this may jeopardize future stays.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_

Printed Name: \_\_\_\_\_

**Media Consent:**

- I/we give my consent for photos and other forms of media taken of my family while staying at the RMHC Midwest | MN, WI, IA and/or participating in House activities to be used to advance the mission.
- I/we give my consent for photos and other forms of media to be used to advance the mission of RMHC Midwest | MN, WI, IA on social media outlets.
- I/we give my consent to allow RMHC Midwest | MN, WI, IA to share room journal entries, artwork, photographs, thank you notes and social media entries to advance the mission.

I/we give media consent

I/we do not give media consent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_

Printed Name: \_\_\_\_\_

***Please check one of the following boxes regarding demographic information about the patient who is seeking treatment.***

**My child is:**

- |                           |                  |                         |
|---------------------------|------------------|-------------------------|
| Aboriginal ( )            | East Indian ( )  | Multiracial ( )         |
| Arabic/Middle Eastern ( ) | First Nation ( ) | Native American ( )     |
| Asian ( )                 | Hispanic ( )     | Other ( )               |
| Black/African Descent ( ) | Latino ( )       | Pacific Islander ( )    |
| Caucasian ( )             | Maori ( )        | I decline to answer ( ) |

**Thirty Day Visit Dates:**

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Thirty Day Visit Dates continued:**

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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