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**Army Fisher Houses are proud to serve ALL branches!**



## REFERRAL FOR LODGING

Fort Bliss Army Fisher House at William Beaumont Army Medical Center

7360 Rodriguez Street . El Paso TX. 79930 . (915) 742-1860 . Office Hours: Mon—Fri 0800—1600 closed Federal Holidays

The Fort Bliss Army Fisher House is open to families of patients\* receiving care William Beaumont Army Medical Center (or eligible military and VA patients referred in the community), members of the families 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, [alice.m.coleman2.naf@health.mil](mailto:alice.m.coleman2.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.

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 INFORMATION

Patient's Name:	Sponsor: <i>(if NOT the patient)</i>	Sponsor's Phone:
Patient's Relationship to Sponsor: Self Spouse Minor Adult Dependent Child Other:	Sponsor's Affiliation: <i>(ID card type)</i> AD RET VA Other	Sponsor's Email:
Hospital/Medical Facility:	Unit POC: <i>(if sponsor is active duty)</i>	Unit POC's Email:
Ward/Dept/Section/Provider:	Unit &/or Duty Station:	Unit POC's Phone:
Please explain circumstances validating the need for lodging:		

### GUEST INFORMATION *(list everyone for whom lodging is being requested, including the patient and children, if applicable)*

Name	Relationship to patient <i>(age if minor)</i>	Phone	Email
Primary			
Address: <i>(city/state)</i>		Is SM/family receiving lodging reimbursement?	
Requested check-in:	Estimated check-out:	Please list any special circumstances or requests:	

### REFERRED BY *(verifying patient is actively receiving treatment as described)*

Name:	Title/Role:	Phone:	Email:

### Army Fisher House Use Only

Date Rec'd

Approved Denied	Checked In:	Room:	By:
By:			
Reason for denial OR Waitlist Status/Priority:	Checked Out:	Total Room Nights to-date :	Total Room Nights this month: