



Agency Referral Form

Arrival Date _____ Estimated length of Stay _____

Guest Information

Name _____ Phone: _____ DOB: _____ Male Female

Address _____ City _____ St _____ Zip _____ { } { }

Email _____

Additional Guests Names (if under 18 years of age, please provide age):

_____	Relationship to guest _____	DOB: _____	{ } { }
_____	Relationship to guest _____	DOB: _____	{ } { }
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Special Needs: _____

While staying at Molly's House, does guest require free dog boarding: Yes No

If yes, a Bark Park Boarding & Daycare Agreement must be completed by guest.

Patient Information:

Name _____

Address _____ City _____ St _____ Zip _____

Relationship to Guest _____

Referral Information:

Please inform guests there is a \$40 per night, per room, guest fee to be paid weekly or if the stay is shorter than one week, pay at checkout.

Agency Name _____ Department _____ Date _____

Agency Contact & Title _____ Shift _____

Phone _____ Ext _____ Fax _____

Molly's House Major Guidelines:

1. MOLLY'S HOUSE CAMPUS IS SMOKE FREE
2. We are an alcohol, drug, and weapon free facility
3. Fully equipped kitchens (continental breakfast available each morning)
4. For health reasons, food and beverages are only allowed in the kitchens, solarium areas and outside patio
5. Our comfortable rooms have private baths, TV, phone, clock radio
6. Volunteers or staff are not qualified to provide medical or medically related services of any kind
7. Guests are encouraged to phone one day prior to arrival, since we do not guarantee room availability
8. Please provide a valid photo ID and permanent residence is required

9. Molly's House is a 501(c) 3 organization that is run by volunteers and contributions from the community. Subsidized stays are available upon request and approval.

Molly's House, 430 SE Osceola Street, Stuart, FL 34994 Main: 772-223-6659 Fax: 772-223-9990 www.mollyshouse.org