



818 S. Wolcott Ave, Chicago, IL 60612 Phone :(312) 942-1253 Fax: (312) 846-6461

Guest Stay Information

Please complete:

ARRIVAL DATE: ___ / ___ / ___ DEPARTURE DATE: ___ / ___ / ___

ROOM _____ (To Be Assigned upon arrival)

Guest Name _____

Address _____

State: _____ Zip _____ Cell Phone _____ E-Mail _____

Credit Card Holder's name _____

Credit Card Info: _____ - _____ - _____ - _____ Exp date: _____ CID _____

*\$100 hold placed on credit card (Charged upon check out) Notes about deferred payment/third party payments. ___ Staff Initials – **Copy Credit Card and driver's license front and back***

Guests Staying at IMD Guest House:

<u>Name</u>	<u>Age</u>	<u>Relationship to Patient</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referring Hospital: Rush ___ UIC ___ Stroger ___ Other _____

Referral made by: _____

CHECK-IN: # of Keys _____ Extra Item(s) _____

CHECKOUT: # of Keys Returned _____ Extra Items Returned. _____

Room condition: _____ Checked by : _____

(Lost keys will be charged a \$25 replacement fee)

Please sign and acknowledge the following terms and conditions:

Guests staying with the IMD Guest House Foundation must be 18 years of age or older.

The IMD Guest House Foundation is not responsible for lost or damaged items.

The IMD Guest House Foundation is not responsible for items left in the room after check-out.

Signature _____ **Date** _____

Filed date _____



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STAFF USE ONLY:

Guest Name _____

I.D. # of Responsible Party: _____ Type _____ Over 18? _____

- | | |
|--|---|
| <input type="checkbox"/> Verified/updated registration info. | <input type="checkbox"/> Copy Credit card (Front and Back) |
| <input type="checkbox"/> Reviewed House rules/philosophy | <input type="checkbox"/> Recorded payment info. |
| <input type="checkbox"/> Copy Driver's license | <input type="checkbox"/> Reviewed check-out procedures |
| | <input type="checkbox"/> Copy this page for operations binder |

Room Rate \$ _____ authorized by _____ on ___ / ___ / ___

<i>Date Paid</i>	<i>Amount Paid</i>	<i># of Nights</i>	<i>Check # - CC (No Cash accepted)</i>	<i>Staff Initials</i>	<i>Paid thru date (morning)</i>

DEPARTURE **Departure Date** ___ / ___ / ___ **Time** _____

Number of Nights Stayed: _____

Room Rate: \$ 50.00 per night

Total Amt. Owed = \$ _____

(Guests staying longer than one week will have charges paid to the on file credit card weekly.)

- | | |
|--|---|
| <input type="checkbox"/> Payment in full or arrangements discussed | <input type="checkbox"/> # of Guest Nights recorded |
| <input type="checkbox"/> Room checked; keys/items returned, pantry emptied | <input type="checkbox"/> Update Reservation Book |
| <input type="checkbox"/> Survey | <input type="checkbox"/> Take-home packet |

Staff Initials _____ **Date/Time** _____

Filed date _____