Please email a completed application to caring@housesforhealing.com or call 325-673-4673 (HOPE) | Fax: (325) 238-9320.

Houses for Healing Guest Application

Applicant Information

Name:			
Date of birth:	E-mail		Phone:
Current address:			
City:	State:	Zip Code:	Country
Name of relative nearest to treatment facility:			
City:	State:	Zip Code:	Phone:

Houses for Healing Privacy Statement

Houses for Healing ("HFH," "we," or "our") is a Christian nonprofit ministry that provides **free lodging** to individuals and families experiencing medical crises. We respect the privacy of every guest, donor, volunteer, and partner, and we want you to feel confident that your personal information is handled with care. Although HFH is *not* a medical provider and is *not* covered by HIPAA, we voluntarily follow **HIPAA-aligned privacy practices** to protect personal information.

What Information We Collect - To provide lodging and communicate with guests, we may collect: Name, Address, Phone number or email, Emergency contact, General purpose of stay (non-medical description), Dates of stay, Referral source (hospital, chaplain, caseworker, etc.), **We do not collect medical records, diagnoses, treatment information, or insurance details.**

How We Use Your Information - We use personal information only to:
Assign rooms and manage your stay; Communicate with you during and after your visit; Track program usage and improve our ministry; Share de-identified data with universities for research (optional and anonymous)
We never sell personal information, use it for marketing, or share it with unrelated organizations.

Emergency Contact (MUST BE COMPLETED IN ORDER TO QUALIFY)

(Name of family member, caregiver): **NAME:**			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Hospitality Lodging Need – Must be completed

Name of guest:	**Are you a veteran** Y N (Select One)	
Date of birth:		Phone:
Current address:		E-Mail:
City:	State:	ZIP Code:
Treatment Facility (i.e. Hendrick North, Hendrick South, Texas Oncology, West Texas Rehab, etc.)		
Date housing is needed:	How long will house be needed:	Total number of guests

Ministry Need – Houses for Healing is a Christian Ministry. Houses for Healing does not discriminate nor hold bias when determining occupancy of the house. This information is requested for determining how best to serve the ministry needs of the patient/guest as the patient or guest directs.

Do you affiliate with a church? Y N (Select One)	Is any organization helping you? Y N	Who?
Home Church (attending church is not a requirement)		
Pastor Name:	Phone:	
May we contact your Pastor? Y N (Select One)	Would you like a Church to contact you? Y N (Select One)	
Best way to contact Patient? Phone Email (Select One)	Best way to contact Guest? Phone E-mail (Select One)	
Do you have a special need or request?		

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form for the processing of this application. I have received a copy of this application. I understand that this application is not a guarantee of occupancy.

Signature of applicant:	Date: