Guest Application

Free temporary lodging for patients and caregivers receiving medical treatment in Abilene, Texas

Faster: apply online at housesforhealing.com/stay-with-us/application/

Return this form by fax to (325) 238-9320, by mail to PO Box 2320, Abilene, TX 79604, or bring it to 3065 Hickory St.

This application is not a guarantee of occupancy. Fields marked * are required, including an emergency contact. Urgent? Call (325) 673-4673 or text (325) 352-7594.

Houses for Healing Privacy Statement

Houses for Healing ("H4H," "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 H4H 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, and referral source (hospital, chaplain, caseworker, etc.). We do not collect medical records, diagnoses, treatment information or insurance details — please don't include them on this form.

How we use your information. We use personal information only to assign houses and manage your stay; communicate with you during and after your visit; track program usage and improve our ministry; and 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.

Applicant — the person filling out this form

I am… *

- ☐ The guest (patient)
- ☐ The caregiver
- ☐ A family member
- ☐ Hospital or agency staff (social worker, chaplain, nurse)
- ☐ Someone else

Full name *

Email *

Phone *

Street address *

City *

State / province *

ZIP / postal code *

County *

Country *

Guest — the patient who will stay with us

☐ The guest is the same person as the applicant (skip name, email, phone and address below)

Guest full name *

Guest date of birth

Guest email *

Guest phone *

Street address *

City *

State / province *

ZIP / postal code *

County *

Country *

Is the guest a veteran? *

☐ Yes ☐ No

Treatment facility (e.g. Hendrick North, Hendrick South, Texas Oncology, West Texas Rehab) *

Date housing is needed *

How long will the house be needed? *

Total number of people staying *

Will a caregiver stay with the guest? *

☐ Yes ☐ No

Caregiver — the person staying with and caring for the guest

Complete this section only if a caregiver will stay with the guest.

☐ The caregiver is the same person as the applicant (skip name, email, phone and address below)

Caregiver full name *

Relationship to the guest *

Caregiver email *

Caregiver phone *

Street address *

City *

State / province *

ZIP / postal code *

County *

Country *

Emergency Contact (required to qualify)

Name (family member or friend) *

Relationship *

Phone *

Address, city, state, ZIP

Name of relative nearest to the treatment facility

Relative's city / state / ZIP

Relative's phone

Ministry Need

Houses for Healing is a Christian ministry. We do not discriminate or hold bias when determining occupancy. These answers simply help us serve you the way you would like to be served. Attending church is not a requirement.

Do you affiliate with a church?

☐ Yes ☐ No

Home church

Pastor name

Pastor phone

May we contact your pastor?

☐ Yes ☐ No

Would you like a church to contact you?

☐ Yes ☐ No

Is any organization helping you? If so, who?

Best way to contact the caregiver

☐ Phone ☐ Email

Best way to contact the guest

☐ Phone ☐ Email

Do you have a special need or request?

Reference & Referral

Reference — name, address, phone

Who referred you? (hospital, chaplain, social worker, church…)

Social Work Intern Services – Voluntary Participation

Houses for Healing partners with social work interns to provide additional support, resources, and assistance to guests. Participation in these services is completely voluntary and will not affect your eligibility for housing or other services provided by Houses for Healing.

Please select one: *

☐ I OPT IN – I agree to be contacted by a social work intern regarding available support and services.

☐ I OPT OUT – I do not wish to participate in social work intern services at this time.

I understand that I may change my decision at any time by notifying Houses for Healing staff.

Agreement

☐ I have read the Houses for Healing Privacy Statement above. *

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

Signature * **Date ***

For office use: Date received _____ Reviewed by _____ House assigned _____ Arrival _____