



## ***Little Mary's Hospitality House Application***

Please fill out completely (including having your doctor or social worker sign the verification statement at the end) and send to us so we can add your name to our schedule.

Our mailing address is:

Little Mary's Hospitality House,  
P.O. Box 27,  
Wellston, MI 49689-0027

or scan and email your completed application to us at [office@littlemarys.org](mailto:office@littlemarys.org) and put application attached in the subject line.

1. Honored Guest's Name (last, middle, first) \_\_\_\_\_

2. Parent or Guardian's Name \_\_\_\_\_

3. Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone: (\_\_\_\_) \_\_\_\_\_

5. Is this your first visit to Little Mary's YES / NO Please circle one.

If yes, how did you hear about us? \_\_\_\_\_

6. Honored Guest's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

7. Diagnosis: \_\_\_\_\_

\_\_\_\_\_

8. Duration of Illness: \_\_\_\_\_

9. Primary Physician Telephone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

10. Primary Physician Address \_\_\_\_\_

11. Specialist Physician Telephone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

12. Specialist Address \_\_\_\_\_

13. Clinic/Hospital managing illness: \_\_\_\_\_

14. Clinic/Hospital Address Telephone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

15. Present Treatment Program: \_\_\_\_\_

\_\_\_\_\_

16. Family Members who would accompany Honored Guest (attach additional page if necessary):

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

17. Is a First Floor Apartment necessary? \_\_\_\_ Yes \_\_\_\_ No

18. Has anyone been exposed to any communicable diseases within the last 30 days? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

19. Is there anything else you think we should know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Date interested in vacationing with us? Please try and pick a first and second choice in dates.

First choice Date: \_\_\_\_\_ Second choice Date: \_\_\_\_\_

(Dates should not exceed 7 days)

PLEASE, NO PETS ARE ALLOWED AT LITTLE MARY’S HOSPITALITY HOUSE.

I / We, the undersigned individual(s) understand that Little Mary’s Hospitality House (hereinafter Little Mary’s) does not provide any medical equipment or care. I / We further understand that apartments are assigned on a first come first served basis, and that Little Mary’s cannot guarantee the use of a specific apartment. Also, I / We release Little Mary’s from any claim of injury while participating in any and all events during our stay at Little Mary’s. Furthermore, I / We understand that Little Mary’s does take photographs of guests and I / We grant our permission for those photographs to be used by Little Mary’s for display or promotion of Little Mary’s.

All guests 18 and older must sign below stating that they have read and agree to the terms of the release stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL VERIFICATION

(TO BE COMPLETED BY THE HONORED GUEST'S DOCTOR OR SOCIAL WORKER FROM THE MEDICAL FACILITY MANAGEING THE GUEST'S ILLNESS)

I, \_\_\_\_\_ verify that the diagnosis provided in the above application

Doctor or Social Worker Printed

Is true and complete to the best of my knowledge. I further understand that this information

will only be used for the purpose of verifying eligibility to stay at Little Mary's.

Signed \_\_\_\_\_ Date \_\_\_\_\_