



**CHILDREN'S TRANSPLANT INITIATIVE'S TEMPORARY HOUSING APPLICATION  
SPONSORED BY EXPRESS CORPORATE HOUSING**

|   |                      |   |  |   |
|---|----------------------|---|--|---|
| Today's Date:   |                      | Anticipated Check-Out Date:   |  |   |
| Requested Check-In Date:  |                      |   |  |   |
| <b>GUARDIAN INFORMATION</b>   |                      |   |  |   |
| Last Name:  |                      | First Name:   | Middle Name:   | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| Phone #:  | Email:               | Birthdate: / /  | Age:   | Gender: <input type="checkbox"/> M <input type="checkbox"/> F                           |
| Address:  |                      |   |  |   |
| City:   |                      | State:  |  | Zip Code:   |
| Driver's License # / State:   |                      | Passport # (Foreign Guests Only):   |  |   |
| Please list other family members who will be staying w/patient. (Max 4 people +1 infant per apartment)  |                      |   |  |   |
| _____ Age: _____  |                      | _____ Age: _____  |  |   |
| _____ Age: _____  |                      | _____ Age: _____  |  |   |
| *All family members 18 and above will be required to submit a separate occupant information and authorization form with a copy of photo ID prior to check in.   |                      |   |  |   |
| Nearest Relative (Emergency Contact):   |                      |   | Relationship:  |   |
|   |                      |   | Phone #:   |   |
| <b>PATIENT INFORMATION</b>  |                      |   |  |   |
| Patient Name:   |                      |   | Birthdate:   | Gender: <input type="checkbox"/> M <input type="checkbox"/> F                           |
| Patient's Transplant: <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Lung   |                      |   |  |   |
| Check Reason for Medical Visit: <input type="checkbox"/> Transplant Evaluation <input type="checkbox"/> Pre-Transplant <input type="checkbox"/> Post-Transplant <input type="checkbox"/> Transplant Surgery<br><input type="checkbox"/> Emergency Hospitalization <input type="checkbox"/> Other, please explain: |                      |   |  |   |
| Hospital Name:  |                      |   | Doctor:  |   |
| Social Worker:  |                      | Phone:  | Email:   |   |
| <b>ADDITIONAL INFORMATION</b>   |                      |   |  |   |
| Do you have other family members in Houston? <input type="checkbox"/> Y <input type="checkbox"/> N  |                      | Do you have transportation? <input type="checkbox"/> Y <input type="checkbox"/> N | Do you speak English? <input type="checkbox"/> Y <input type="checkbox"/> N<br>If no, what language? |   |
| Ethnicity: (Optional)   | Religion: (Optional) | How did you hear of CTI's housing program?:                                       |  |   |

**DISCLOSURE:** I, \_\_\_\_\_ hereby agree that I wish to occupy an apartment provided by Children's Transplant Initiative and that the above information is true and correct to the best of my knowledge.

Guest Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit by email to: [housing@cti-tx.org](mailto:housing@cti-tx.org)**