

A Non-Profit 501(c)(3) Corporation
Hospital Hospitality House
342 South Limestone Street
Lexington, KY 40508

Phone: 859-254-8998

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www.hospitalhospitalityhouse.com

REFERRAL FORM

Please limit referrals to three (3) Individuals per patient. HHH cannot offer accommodations to children under the age of 14 and has some limitations with handicapped accessibility.

Guests must be registered by 7:00pm on the first day of arrival.

Date: _____

Hospital: _____

Name of Guests (please print):

Referring staff and contact phone#:

Number of beds requested: Male: _____ Female: _____