



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

**WHAKARURU
 WHANAU / FAMILY HOUSE
 ACCOMMODATION**

To: Admitting Office
 Grey Hospital
 PO Box 387
 Greymouth

PHONE: 03 768 0499 ext 2886

FAX: 03-768 2699

DATE: _____

I/We would like to request accommodation for:

| | | | |
|-------------------|--|--|--|
| No. Adults | | No. Children (14yrs & younger) | |
|-------------------|--|--|--|

Contact Phone No.

Contact Details for Accommodation Request:

| | | |
|-----------------------|-----------------------|-------------------------------|
| Surname _____ | First Name _____ | Relationship to Patient _____ |
| Address: _____ | | New Family / Returning Family |
| _____ | | |
| From: _____ | Until: _____ | |
| _____ / _____ / 200__ | _____ / _____ / 200__ | |
| | | Up to 7 days only |

Patient Details:

| | |
|----------------|-------------------|
| Surname: _____ | First Name: _____ |
| | Ward: _____ |

Charges: The Whanau/Family facility does require payment of an accommodation fee to assist in covering cleaning costs, linen etc. These charges are:

- \$10.00 per night per adult (15 years +) each night.
- Children 14 years and younger stay free.
- \$10.00 deposit for the key – this will be refunded on the return of the key.
- Where Ministry of Health travel and accommodation assistance is available, the rate will be amended to reflect the funding available.

Payment needs to be made at the time of the stay.

Note: Please note, this form does not guarantee a booking. Confirmation of your booking should be made 24 hours before arrival date.

Hospital Use Only: Date Form Received: _____ Received by: _____
 Requestee Notified of Availability/Non-Availability: Yes / No