MGH SOCIAL SERVICE DEPARTMENT EMERGENCY LODGING FORM

Please check one

MGH BEACON	N HOUSE	☐MGH @ THE INN	
Sharon Scott, Lodg	ging Manager	Pamela Nunes, Lodging Manager	
Phone: 6-7679 Fax: (617) 643-5875		Phone: 4-2027 Fax: 6-8544	
		Direct Line	to LaQuinta: 617-625-5300
DATE:		ROOM #:	
CHECK IN DATE:		CHECK OUT DATE:	
		(One night only emergency lodging)	
GUEST NAME:		PATIENT NAME/UNIT #:	
ADDRESS:		CITY:	
STATE:	ZIP:	PHONE:	
	_		_
SOCIAL WORKER:			Ext:
PAYMENT TYPE:			
CASH:	CHECK:	ANCILLARY:	CREDIT CARD:
CREDIT CARD TYPE: ACCOUNT N		NUMBER:	EXPIRATION DATE:
Be sure to inform guest that this is <u>one night emergency</u>			
<u>lodging</u> . It is imperative that they contact the Lodging			
Manager before 11:00 a.m. the morning following check in to			
settle their account and/or inquiry on extended			
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accommodations.			
Fax this form along with any other information to either			
Sharon Scott at Beacon House or Pamela Nunes at MGH at			
the Inn.			

Revised: 12/11/07