

ARMY FISHER HOUSE APPLICATION FOR LODGING

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This form can be filled in and submitted by email. The red highlighted boxes are required information. Hover your mouse over a box for additional information and tips.

For eligibility requirements and submission instructions, please contact the Army Fisher House where lodging is needed or see page 2, if one is attached.

Army Fisher House Locations:

Fort Belvoir, VA
(703) 805-5203

Fort Bliss, TX
(915) 742-1860

Fort Bragg, NC
(910) 849-3466

Fort Campbell, KY/TN
(270) 798-8330

Fort Gordon, GA
(706) 787-7100

Fort Hood, TX
(254) 286-7927

JBSA Fort Sam Houston, TX
(210) 916-6458

JB Lewis-McChord, WA
(253) 964-9283

Landstuhl, Germany
0049-6371-9464-7430

Tripler AMC Honolulu, HI
(808) 433-1291

Walter Reed at Forest Glen, MD
(301) 319-5442

PATIENT INFORMATION

Name:		DOB / Age:	
Status: <i>select one</i>	<i>Service Member/Veteran is also the sponsor (see below)</i>	<i>Dependent</i>	<i>Other:</i>
Provide brief description of medical situation:		Care is related to a combat injury. This is an elective surgery/procedure.	Military Treatment Facility/Hospital: Ward/dept/section/clinic providing care:
Medical Provider			

LODGING IS REQUESTED FOR:

Maximum # allowed per family varies by location.

Name (include age if under 18)	Relationship to patient	Phone #

Address:	
Email: <small>* By providing your phone &/or email, you are authorizing the Army Fisher House program to contact you regarding your potential stay.</small>	
Is SM/family on orders?	Requested check-in:
Do family members have military IDs?	
Is anyone currently ill/contagious?	Length of stay?
Will family have a vehicle here?	
Are there any special needs/requests we should know about? ADA room needed.	

SPONSOR'S INFORMATION

Name:	Rank:	Phone:
Preferred Email:		Status &/or Component
Unit &/or Duty Station		Branch
Unit POC:	Phone:	

FORM SUBMITTED BY:

Name: _____

Role: _____

Phone: _____

Date: _____

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Approved _____ Denied _____

Checked In: _____ By: _____

By: _____ Checked Out: _____ Room: _____

Reason for denial OR waitlist status: _____ Vehicle Make & Model: _____

Color: _____ Plate #: _____