1126 S. Kingshighway
St. Louis, MO 63110
Phone: 1-855-STL-LBOH
E-mail: LBHSTL@gmail.com

PLEASE FAX to: 1-801-788-5264

- Guests must be 18 years of age or older unless accompanied by a parent or guardian.
- Patient and caregiver must have a permanent residence outside of St. Louis City, MO.
- Patient must be currently receiving treatment at one of the local medical centers.
- Reservations are gladly accepted and can be made up to 3 months in advance.
- Check-in times are 5 p.m. to 10 p.m. Monday through Friday and by appointment only on the weekends.
- All guests are asked to make a $30 per night/per room "contribution." Family may apply for reduced rates based on income. Payment may be made by cash, check or credit card.
- Little Bit of Haven is a smoke-free environment and does not allow alcohol or illegal drugs on the premises.
- Photo ID required at time of check-in and for admittance into the house.
- Guests must be able to climb stairs as Little Bit of Haven is not handicap accessible.

REFERRAL (to be filled out by Social Worker or other medical staff) Date: _____

Referred by: _____ Title: _____

Phone: _____ Dept/Unit: _____

Patient Information Has the family stayed with us before: Yes or No

Patient Name: _____ DOB: _____ Sex: Male Female

City, State, Zip: _____

Guest Information: Requested Arrival Date/Time: _____

Name: _____ Relationship to Patient: _____

Address: _____ Age: _____ Sex: Male Female

City, State, Zip _____ Est. Length of Stay: _____

# of guests staying: Adult _____ Children _____ Arrival Time: _____

Cell Phone: _____ Alternate Phone: _____

***** PLEASE ADVISE THE PATIENT/FAMILY THAT THIS REFERRAL DOES NOT GUARANTEE A ROOM. THE PERSON REQUESTING LODING WILL BE CONTACTED UPON RECEIPT OF THIS FORM FOR ADDITIONAL INFORMATION, TO ANWER ANY QUESTIONS AND TO CONFIRM THE RESERVATION. *****