

H.O.P.E. Haven Vacation from Cancer Retreat Respite Housing Application

ELIGIBILITY

The applicant (adult/child) must be undergoing active treatment for cancer. We consider treatment “active” when the applicant is seeing their physician for medication and/or therapy. Active treatment often includes chemotherapy, radiation or BMT. An applicant is eligible until he/she has been off active treatment for one year.

It is our goal to offer cancer patients a 3 to 5 day stay, Thursday through Monday, in the relaxing country setting of southern York County.

APPLICATION

To be considered for participation in our program the applicant/applicant's family must submit a completed application. All forms must be signed or, if a child, then BOTH parents/guardians must sign. A medical assessment must be completed by a H.O.P.E. staff member who will be in contact with you within a few days after receipt of your application.

Acceptance at H.O.P.E. Haven is contingent upon receipt of all completed forms and approval by The H.O.P.E. Haven committee. Guidelines and eligibility requirements must be followed.

The completed application is due preferably no later than 4 weeks prior to the requested stay with a \$25 nonrefundable application fee (fee will be returned if H.O.P.E. cannot accommodate your selected date choices). The fee can be paid by check, money order or paypal.

Accommodations are free of charge.

Successful applicants will be required to enter a “rental” agreement.

Our first priority is to help those with the greatest need.

RESPITE HOUSING ELIGIBILITY REQUIREMENTS

Our guests must be able to provide their own transportation to and from “The Haven”.

Our guests must be able to provide their own meals.

Our guests must be respectful and responsible, with no indication of inability to abide by our rules/regulations.

PATIENT APPLICATION

The H.O.P.E. Haven offers a 3 to 5 days stay for cancer patients. Our unique housing is designed to bring comfort, joy and hope to patients and possibly their immediate family members enabling them to renew their spirits mentally and physically.

Part I To be completed by the patient or parent/guardian if a minor is the recipient

Patient's Name _____

Home StreetAddress/P.O.Box _____

County _____ City _____ State ____ Zip _____

Phone: Cell: _____ Home: _____ Work _____

May we leave a message on Cell? Y or N May we send a text on Cell? Y or N

Email: _____

Date of Birth: _____ Age: _____ Sex _____

Employer: _____

Business Address: _____

If patient is under 21:

Mother's Name: First _____ Last _____

Address: _____

Phone: H _____ C _____ W _____

Mother's email: _____

Employer _____

Father's Name: First _____ Last _____

Address: _____

Phone: H _____ C _____ W _____

Father's email: _____

Employer _____

Legal Guardian (if other than parents): _____

Address: _____

Phone: H _____ C _____ B _____

Email: _____

Employer: _____

Address: _____

NOTE: If a child is under the custody of one parent or guardian, please attach a copy of the child custody order or both parents or guardians must sign all documents. Parents, in a divorced or separated situation, must both agree to share the opportunities that our program provides. If parents are not able to do so, we will work with the parent who has legal custody of the child. **A copy of the court ordered custody agreement will be required with application.**

Accommodations are intended for household family members and/or the patient's caregiver. Your total number of guests will be dependent upon approval by The Haven Retreat Committee which coordinates the other guest accommodations. Please provide names and ages of any persons you would like to attend H.O.P.E. Haven with you.

1. Name _____ Birthday: _____

Relationship to patient: _____

2. Name _____ Birthday: _____

Relationship to patient: _____

3. Name _____ Birthday: _____

Relationship to patient: _____

4. Name _____ Birthday: _____

Relationship to patient: _____

Hospital where patient is being treated:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Physician: _____ Phone: _____

Please describe the type of cancer and any special medical needs or considerations:

The H.O.P.E. Haven is ADA compliant. We do not offer nursing care or any hospital equipment.

I/We understand and recognize that participation at H.O.P.E. Haven is contingent upon approval by the H.O.P.E. Haven Committee, as well as, compliance with all conditions, qualifications and restrictions designated by the H.O.P.E. Haven Committee.

Patient _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

CHOICE OF DATES

Please provide us with your dates of choice: (i.e. calendar date and day of week)

1st Choice: Begin_____ End_____

2nd Choice: Begin_____ End_____

3rd Choice: Begin_____ End_____

Dates are subject to first come first serve basis.

We cannot confirm your dates until the application process has been approved.

Would you be interested in a last-minute call if we have a cancellation? Y or N

DIETARY REGULATIONS

Do you or anyone in your party have any food allergies? Y or N
(If so, please explain further)

Will you or anyone in your party bring medications with you? Y or N
(Refrigeration is available in each guest suite)

Note: Oxygen tanks are not allowed in The H.O.P.E. Haven

Please complete, date, and sign all sections of this 8 page form. Sign and date pages 4, 6, and 8; Initial and date page 7.

Return completed form to:

H.O.P.E. Haven
P.O. Box 279
Stewartstown, PA 17363

H.O.P.E. Haven Rules

Please note the following:

The Haven is designated to accommodate up to 3 reservations at one time.

Parking is limited to no more than 2 vehicles per family.

Accommodations:

2 Suites – each with 2 bedrooms and 1 bath

1 Handicap Suite - 1 King bed, 1 trundle bed, ADA bathroom

All linens and bath towels are provided.

During your stay please abide by the house rules as detailed below.

The H.O.P.E. Haven **DOES NOT** allow the following in the house or on the property:

Smoking/Vaping

Pets

Skateboards

Motor homes, campers, tents, etc.

Potted Plants/Flowers

Camp fires other than the designated area

I/We agree to abide by the rules of the H.O.P.E. Haven and any violation of the above will result in forfeiture of my/our deposit and/or the remainder of my/our stay.

Name _____ Date _____

~ The visit to H.O.P.E. Haven is terminated if the patient is unable to attend.

~ Any violators of the H.O.P.E. Haven Rules will forfeit their deposit and/or the remainder of their stay at the H.O.P.E. Haven.

~ If you cancel less than one month before your stay is scheduled to begin, your deposit will not be returned.

We thank you for taking good care of H.O.P.E. Haven!

LIABILITY RELEASE / AUTHORIZATION DISCLOSURE

As a requirement for participation at the H.O.P.E. Haven the following must be completed in full by the primary adult staying at the H.O.P.E. Haven.

Liability Release: The undersigned individually, jointly and on behalf of the patient, and other guests during the patient's stay (the "participants"), understands that involvement in H.O.P.E. Haven may involve risk of injury or harm to the participants and that all risk is fully assumed by the undersigned. The undersigned both individually, jointly, and on behalf of the patient and the participants, does hereby agree to release, forever discharge, and hold the H.O.P.E. Haven, the directors, officers, employees, agents, volunteers, successors and assigns harmless from and against any and all actions, causes of action, liability, claims and demands for, any damages and claims of any kind whatsoever, whether known or unknown, in connection with or arising from any incident(s) or occurrence(s) during the patient's and participants' participation or consideration of participation at the H.O.P.E. Haven.

Authorization to Disclose and Obtain Medical Information: The patient, or parent(s) or legal guardian(s) give the H.O.P.E. Haven authorization to obtain all medical information which the H.O.P.E. Haven may feel is necessary for the consideration or participation at H.O.P.E. Haven. The patient or parent(s) and legal guardian(s) authorize all of the patient's physicians and medical care providers to provide the H.O.P.E. Haven with all medical information regarding the patient that is applying to participate at the H.O.P.E. Haven.

Authorization for Disclosure to Third Parties: The patient or parent(s) or legal guardian(s) understand and agree that the H.O.P.E. Haven may disclose their patient's identifying information to a third party in order for the third party to provide notices to the parent(s) or legal guardian(s), such as when some unforeseen issue occurs whereby we need to cancel (i.e. weather, etc).

Authorization Regarding Publicity: It is understood and agreed that participation in the H.O.P.E. Haven may result in publicity, and that in order for the H.O.P.E. Haven to continue its services, it is helpful to be able to portray patients and families using the H.O.P.E. Haven in a positive way in brochures, newsletters, on the H.O.P.E. websites, and other promotional materials. The undersigned both individually and on behalf of the patient and participants authorize the H.O.P.E. Haven to use the name of the patient/family for publicity or promotional purposes.

Authorization Regarding Photo: Due to the nature of the H.O.P.E. Haven, publicity is sometimes unavoidable. Although the H.O.P.E. Haven cannot control outside media, the undersigned as the patient, parent(s) or legal guardian(s) of the patient, by checking below, may grant or deny permission for the H.O.P.E. Haven to use photographic images of the patient and/or family participants in the H.O.P.E. Haven's promotional materials, such as brochures, newsletters, websites, press releases, and any other means

The undersigned understands and agrees that if they deny permission, the H.O.P.E. Haven will use its best efforts to prevent use of the photographic images but cannot make any guarantee with respect to publicity.

Please complete and sign below. Please place a check or X in the appropriate blank.

_____ I GRANT _____ I DENY

Permission for the H.O.P.E. Haven to use a photographic image of the patient and/or family and participants in promotional materials.

This Liability Release and Authorization to Disclose Information contains the entire agreement between the patient, or parent(s) or legal guardian(s) and the H.O.P.E. Haven and that the terms hereof are contractual and not a mere recital. By signing below, the patient, or parent(s) or legal guardian(s) of the patient acknowledge they have read, understand and consent to the terms set forth herein.

Patient's Name _____

Date of Birth _____

Diagnosis of Patient _____

Home Address _____

City _____ State _____ Zip _____

_____ Home Phone Work Phone Cell Phone

Email _____

Emergency Contact Name _____

Emergency Phone _____ Relationship _____

(If a child has two parents or legal guardians, both must sign below.)

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Witness _____ Date _____

No pets allowed unless medical aid approved. Certification of such must accompany this application.

PROPERTY RENTAL AGREEMENT

This Agreement for the occupancy and use of the H.O.P.E. Haven (the "Property Rental Agreement") is entered this _____ day of _____, 20____ by and between _____ ("Tenant") whose address is _____

and the H.O.P.E. Haven, whose address is 13275 Blymire Hollow Rd., Stewartstown, PA 17363.

Whereas, Tenant has applied for use of the H.O.P.E. Haven, located at 13275 Blymire Hollow Rd., Stewartstown, PA 17363, (the "Premises") and the H.O.P.E. Haven has approved such application; and

Whereas, Tenant desires to occupy the Premises from the _____ day of _____, 20____ until the _____ day of _____, 20____ (the "Occupancy"); and

Whereas, Tenant and the H.O.P.E. Haven desire to provide for certain terms and conditions that shall apply to Tenant's Occupancy;

Therefore, premises considered, and for good and adequate consideration, the receipt and sufficiency of which is hereby acknowledge, the H.O.P.E. Haven and Tenant, intending to be contractually bound, hereby agree to the following terms and conditions;

1. The Tenant has inspected the Premises and confirms that they are suitable for the purposes for which they are let for the duration of this Property Rental Agreement.
2. The Tenant acknowledges that the Premises are in a good state of repair and specifically acknowledges that at commencement of this Property Rental Agreement, all of the sanitary installations and equipment, electrical installations and equipment, keys, locks, doors, window, wash

H.O.P.E. Haven Rules

- 3.
4. **Please note the following:**
- 5.
6. The Haven is designated to accommodate up to 3 reservations at one time.
- 7.
8. Parking is limited to no more than 2 vehicles per family.
- 9.
10. Accommodations:
- 11.

12. 2 Suites – each with 2 bedrooms and 1 bath
- 13.
14. 1 Handicap Suite - 1 King bed, 1 trundle bed, ADA bathroo
- 15.
16. All linens and bath towels are provided.
- 17.
- 18.
19. **During your stay please abide by the house rules as detailed below.**
- 20.
21. The H.O.P.E. Haven **DOES NOT** allow the following in the house or on the property:
- 22.
- | | |
|--------------------|------------------------------|
| 23. Smoking/Vaping | Motor homes, campers, tents, |
| etc. | |
| 24. Pets | Potted Plants/Flowers |
| 25. Skateboards | Camp fires and fireworks |
- 26.
27. **On check-out day please take care of the following:**
- 28.
29. Leave the H.O.P.E. Haven key on kitchen counter.
- 30.
31. Put your sheets and towels in the laundry room in clear bags.
- 32.
33. Empty all trash cans and take outside and place where indicated.
- 34.
35. It is the general policy of the H.O.P.E. Haven to return all deposits in full. However, where warranted by the circumstances, the Management of the H.O.P.E. Haven reserves the right to retain some of all of any deposit at its sole discretion.
- 36.
37. I/We agree to abide by the rules of the H.O.P.E. Haven and any violation of the above will result in forfeiture of my/our deposit and/or the reminder of my/our stay.
- 38.
39. Name _____ Date _____
- 40.

41. basins and taps are in a good state of repair and working order.
42. As part of the application process, Tenant has delivered a deposit of \$500.00 (the "Deposit") to H.O.P.E. Haven. The Deposit will be held by H.O.P.E. Haven and may be used at any time to repair damages caused by the Tenant to the Premises. The Deposit or balance thereof will be refunded to the Tenant when this Property Rental Agreement expires and after inspection of the Premises but not later than thirty days after this Property Rental Agreement expires. The Deposit may also be utilized for the payment of amounts due and owing by the Tenant for the cost of repairing damage to the Premises and/or replacing lost keys. This provision is purely for the benefit of H.O.P.E. Haven and does not relieve the Tenant in any way from the obligation of any other payment or liabilities in term thereof.
43. Tenant has read and agreed to comply with H.O.P.E. Haven's Rules which (the "Rules") which Tenant completed and executed as part of the application process and which are incorporated herein by reference. Notwithstanding the generality of the Rules, and without limitation, Tenant specifically agrees that he will comply with the guest and car limitations contained in the Rules. Tenant also recognizes and agrees that in the sole discretion of H.O.P.E. Haven, any violation of the Rules may result in the forfeiture of the Deposit and/or the remainder of the Tenant's stay at the H.O.P.E. Haven.
44. The Tenant undertakes to maintain the Premises and to return same in a clean and neat condition at the expiration of this Property Rental Agreement. The Tenant will be liable to promptly attend to any repair that may be necessary and in general to attend to the upkeep and maintenance of the Premises, and to reimburse H.O.P.E. Haven for the cost of replacing or repairing any breakages or damages caused by Tenant.
45. Tenant shall not keep any pets or animals in or on the Premises without H.O.P.E. Haven's prior written consent and the Tenant shall be responsible for any damage to the premises caused by such pet or animal.
46. Tenant shall allow a representative of H.O.P.E. Haven the right to entry to the premises of H.O.P.E. Haven for any purpose whatsoever including, but not limited to, ensuring Tenant's compliance with the Rules.
47. All legal and collection costs incurred by H.O.P.E. Haven in respect of any legal steps taken by H.O.P.E. Haven against the Tenant to enforce any of

the Tenant's obligations in terms of this Property Rental Agreement shall be paid for by the Tenant to the extent permissible by law.

48. Should the Tenant fail to make payment of any of the aforementioned, H.O.P.E. Haven shall have the right without prejudice to its other rights in law or under this Property Rental Agreement to effect payment and to recover the amounts so expended by H.O.P.E. Haven from the Tenant.
49. Tenant and any other person associated with the Tenant including but not limited to relatives, friends, visitors or employees agree to be bound to the terms and conditions of the document titled "Liability Release Authorization Disclosure" (the "Liability Release") which Tenant completed and executed as part of the application process, the contents of which are incorporated herein by reference. The terms of this Property Rental Agreement are in addition to and are not intended to supercede or otherwise conflict with the terms of the Liability Release, regardless of any statement of exclusivity that may be contained in the Liability Release.

Tenant and H.O.P.E. Haven agree that the terms hereof are contractual and not a mere recital. By signing below, the Tenant acknowledges that Tenant has read, understand and consents to the terms set forth herein.

TENANT (Parent/Guardian)

DATE

TENANT (Parent/Guardian)

DATE

H.O.P.E. HAVEN

By: _____

DATE