

JUSTIN'S BEACH HOUSE
Bethany Beach, Delaware
Respite Housing Application

ELIGIBILITY

The applicant adult/child must be undergoing treatment for **cancer**. An applicant is eligible until he/she has been off active treatment for more than one year. We consider treatment "active" when the applicant is seeing their physician at least once a month for medication and/or therapy.

APPLICATION

In order 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. **The medical assessment MUST be filled out and signed by the physician.**

Acceptance at Justin's Beach House (JBH) is contingent upon receipt of **all** completed forms and approval by The Justin W. Jennings Foundation. Guidelines and eligibility requirements must be followed.

The completed application is due no later than 2 weeks prior to the requested stay with a \$250 deposit that will be held in escrow for any damages to JBH during the stay.

This amount will be returned once the guests leave and verification has been made that the house has not been damaged or suffered any lost items or equipment.

Accommodations are free of charge.

Successful applicants will be required to enter a 'rental' agreement.

Families must provide their own transportation to and from JBH.

Our first priority is families with the greatest need and those who have never been to JBH.

RESPITE HOUSING ELIGIBILITY REQUIREMENTS

A qualified applicant must be in active treatment and being seen by a doctor monthly or more frequently. Active treatment often includes: chemotherapy, radiation, BMT. An applicant remains eligible until he or she has been off active treatment for one year.

The family must be able to provide their own transportation to and from Justin's Beach House.

The family must be able to provide their own meals.

The family must be respectful and responsible, with no indication of inability to abide by rules/regulations.

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 the application.**

PATIENT APPLICATION

The Justin W. Jennings Foundation offers Justin’s Beach House for families with cancer. Our unique housing is designed to bring comfort, joy and hope to patients and their families enabling them to renew their spirits mentally and physically. For more information, please visit our website at www.justinjennings.org.

Part I (To be completed by an adult patient or by parent/guardian if child is the recipient)

Patient’s Name

_____ (First) _____ (Middle) _____ (Last)

Date of Birth _____ Age _____ Sex ___M ___F
(Month/Day/Year)

Home Address _____
(Number/Street Address) _____ (County)

City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____ Email: _____

Employer Name & Address _____

If patient is under 21:

Mother’s Name: First _____ Last _____

Employer’s Name & Address _____

Father’s Name: First _____ Last _____

Employer’s Name & Address _____

Work Phone: Father _____ Mother _____

Email: Father _____ Mother _____

Legal Guardians (if other than parents) _____

Address _____ Email _____

Employer Name & 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.

Names and ages of all other persons that will also be attending JBH. Attach additional sheet if needed. JBH has accommodations for no more than 12 guests at one time.

1.Name _____ Birth date _____ Relationship _____

2.Name _____ Birth date _____ Relationship _____

3.Name _____ Birth date _____ Relationship _____

4.Name _____ Birth date _____ Relationship _____

5.Name _____ Birth date _____ Relationship _____

6.Name _____ Birth date _____ Relationship _____

Hospital where patient is being treated

_____ City _____ State _____

Physician _____ Phone _____

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



(For example, the patient is confined to a wheelchair)

JBH is equipped with an elevator and is ADA compliant. We do not offer nursing care or any hospital equipment i.e. oxygen, etc.)

Has the applicant, or anyone who may accompany the applicant during this requested stay, ever stayed at Justin's Beach House? Yes _____ No _____ If yes, when _____

I/We understand and recognize that participation at Justin's Beach House is contingent upon approval by The Justin W. Jennings Foundation as well as compliance with all conditions, qualifications and restrictions designated by The Justin W. Jennings Foundation

Patient _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

PART II - Medical Assessment: (To be completed by physicians)

Name of physician completing assessment (Please Print) _____

Hospital _____ City _____ St _____

Phone/Fax _____ / _____

Diagnosis _____ Date of Dx _____

Is this condition considered ___ life threatening, ___ life long, ___ short life expectancy?

Is the patient undergoing continued treatment? _____ If so, how often? _____

What treatment is the patient undergoing?

If treatment has ended, when was the last date of treatment? _____

How often is the patient seen by the doctor? _____

Date of Last Visit: _____

I (the physician) have explained the applicant/patient's medical condition to the family and have instructed them on how to handle some medical emergencies. As long as the family takes sufficient precaution to protect the applicant/patient in accordance with the physician's instruction, there is no medical contraindication to applicant/patient's participation at Justin's Beach House.

Physician's Signature _____ **Date** _____

Comments:

PART III - Healthcare Worker Assessment (To be completed by SW, CLS, RN)

Name of Healthcare Worker* completing assessment _____

*Someone who can speak on behalf of how the family conducts themselves

Hospital _____ City _____ St _____

Phone/Fax _____ / _____

___ I have discussed Justin's Beach House and the rules pertaining thereto in detail with the family.

I fully understand the program ___ yes ___ no

___ I have reviewed the program and rules in detail with the family, and am of the opinion that they understand the requirements and will abide by them.

Comments

Healthcare Worker Signature _____ Date _____

LIABILITY RELEASE AUTHORIZATION DISCLOSURE

As a requirement for participation at Justin's Beach House (JBH) the following must be completed in full by the primary adult staying at JBH!

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 JBH 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 Justin W. Jennings Foundation, their 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 JBH.

Authorization to Disclose and Obtain Medical Information: The patient, or parent(s) or legal guardian(s) give The Justin W. Jennings Foundation and Justin's Beach House authorization to obtain all medical information which The Justin W. Jennings Foundation and Justin's Beach House may feel is necessary for the consideration or participation at JBH. The patient or parent(s) and legal guardian(s) authorize all of the patient's physicians and medical care providers to provide The Justin W. Jennings Foundation with all medical information regarding the patient that is applying to participate at JBH.

Authorization for Disclosure to Third Parties: The patient or parent(s) or legal guardian(s) understand and agree that The Justin W. Jennings Foundation and Justin's Beach House 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 Justin W. Jennings Foundation and Justin's Beach House may result in publicity, and that in order for The Justin W. Jennings Foundation to continue its services, it is helpful to be able to portray patients and families using JBH in a positive way in brochures, newsletters, on The Justin W. Jennings Foundation Websites, and other promotional materials. The undersigned both individually and on behalf of the patient and participants authorize The Justin W. Jennings Foundation to use the name of the patient/family for publicity or promotional purposes.

Authorization Regarding Photo: Due to the nature of The Justin W. Jennings Foundation, publicity is sometimes unavoidable. Although The Justin W. Jennings Foundation 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 Justin W. Jennings Foundation to use photographic images of the patient and/or family and participants in The Justin W. Jennings Foundation promotional materials, such as brochures, newsletters, Websites, press releases, and any other means.

The undersigned understand and agree that if they deny permission, The Justin W. Jennings Foundation 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 Justin W. Jennings Foundation 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 Justin W. Jennings Foundation 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 E-mail

(If a child has two parents or legal guardians, both parents and legal guardians 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.

CHOICE OF DATES

Guests can choose a long weekend Thursday - Sunday (4 days and 3 nights)

or

Sunday - Thursday (5 days and 4 nights)

or

Sunday - Sunday (Full Week)

Check In - 3:00 p.m.

Check Out - 10:00 a.m.

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

1st choice: _____

2nd choice: _____

3rd choice: _____

Dates are subject to first come first served basis.

We cannot confirm your dates until the application process has been approved and the refundable deposit of \$250 is secured.

Please complete all sections of this form and return to:

**Justin's Beach House
c/o The Justin W. Jennings Foundation
29L Atlantic Avenue #120
Ocean View, DE 19970**