Cottage Dreams Cancer Recovery Initiative Inc.
Application Package

MEDICAL HISTORY
TO BE COMPLETED BY APPLICANT/GUARDIAN

Date of active treatment completed _____

Type of Cancer _____

	N/A	NO	YES	DATE
Have you completed radiation treatment?	☐	☐	☐	_____
Have you completed chemotherapy?	☐	☐	☐	_____
Have you undergone a surgical procedure?	☐	☐	☐	_____
Is additional treatment planned?	☐	☐	☐	_____

If additional treatment is planned, please explain _____

_____

_____

Do you expect to have any mobility issues during the time of your visit? Please explain.

_____

_____

_____

Please specify any other limitations or special housing needs we may need to consider.

_____

_____

_____

I will provide the Cottage Dreams representative with permission to access all necessary medical information as it relates to the assessment of my application. Initial Here _____

I authorize my physician, _____
Physician's Name

_____
Physician's Address and Telephone Number

to provide Cottage Dreams Recovery Initiative with all medical information requested by Cottage Dreams Recovery Initiative and this shall be the good and sufficient authority for doing so.

_____ _____
Date Signature of Applicant or Guardian

This **Medical History Form** may be delivered by facsimile or telecopy or by electronic transmission in portable document format (PDF) and the delivery of this **Medical History Form** by any such form shall be deemed to be the equivalent of the delivery of an originally executed copy thereof.

Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.

Cottage Dreams Cancer Recovery Initiative Inc.
Application Package

PHYSICIAN'S REPORT
TO BE COMPLETED BY YOUR ONCOLOGIST or FAMILY PHYSICIAN

Cottage Dreams is a registered charity that provides time away in a donated cottage to bring cancer survivors and their families together to recover, reconnect and rebuild their lives after successfully completing treatment.

This form must be completed in its entirety including "Treatment Objective" in order to process the application.

Patient/Applicant

Name_____ Age_____ ☐Male ☐Female

Patient Information

Treatment Objective ☐**cure** ☐**control relapse** ☐**palliation**

PPS%_____

Tumor Diagnosis_____ Date Diagnosis_____

Treatment Summary

Surgical Procedure(s) _____ Date_____

_____ Date_____

	NONE PLANNED	COMPLETED	DATE COMPLETED/ DATE COMPLETION ANTICIPATED
Radiation	☐	☐	_____
Chemotherapy	☐	☐	_____

Current Physical Status of Patient/Applicant

	NO	YES	COMMENTS
Ambulatory	☐	☐	_____
Other Limitations	☐	☐	_____
	NORMAL	LIMITED	
Exercise Tolerance	☐	☐	_____

Would this applicant be able to meet the requirements of daily living for six days in a cottage environment where other support would not be available? ☐YES ☐NO

Physician

Name_____

Address_____

Telephone_____ Fax_____

Email_____

Signature of Physician_____ Date_____

Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.

Cottage Dreams Cancer Recovery Initiative Inc.
Application Package

This **Physician's Report Form** may be delivered by facsimile or telecopy or by electronic transmission in portable document format (PDF) and the delivery of this **Physician's Report Form** by any such form shall be deemed to be the equivalent of the delivery of an originally executed copy thereof.

REFERENCE INFORMATION
TO BE COMPLETED BY APPLICANT/GUARDIAN ON OR BEFORE PLACEMENT CONFIRMATION

Full Name of Applicant: _____

Name of Guardian:_____
(if applicant is under 18 yrs)

Home address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____(if in school) Grade:_____

Position: _____ Telephone: _____

Number of years with employer: _____

Drivers Licence Number: _____

Home Insurance Provider: _____

Policy Number: _____

Please provide two people that can act as character references on your behalf who are not relatives.

Name: _____ Phone Number: _____

Relationship to you: _____

Name: _____ Phone Number: _____

Relationship to you: _____

Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.
Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.

Cottage Dreams Cancer Recovery Initiative Inc.
Application Package

Dear Applicant,

As we grow, our policies and procedures are revised to meet challenges and create more efficient practices. Beginning in 2010 a credit card number will be required to be provided to Cottage Dreams by or on behalf of each Applicant. Your card details will be held until you and your guests have departed and the property reviewed by Cottage Dreams. Once this takes place, your card information will be destroyed.

Cancellation Fee:

As Cottage Dreams grows and we are able to offer the cottage experience to more families, it is very important that we are able to ensure that the cottages provided by our donors are utilized to the maximum extent possible. Unfortunately in recent years some applicants have cancelled their visits after having confirmed with us.

In order to help cover wasted administrative costs in the circumstances when an applicant cancels a confirmed placement, in 2010 we are implementing a $175.00 cancellation fee. This fee will be charged only if an applicant cancels a cottage week that has been confirmed by the Applicant and or Guardian.

The **$175.00** cancellation fee will be charged only if you cancel the cottage week that has been confirmed by you.
As always, we will confirm your cottage week with you as early as possible**. Once it is confirmed, the cottage and date are considered final.** If for any reason you need to cancel your visit, you will be charged the cancellation fee on the credit card provided below.

Damages:

Although we don't expect any problems to occur but accidents can happen. Please make sure that a Cottage Dreams employee is the first person you contact, should something occur. This way, the Cottage Dreams staff and cottage owner can work with you to identify the problem and resolve it in the most efficient way.

Please remember to leave the cottage clean and tidy when you depart. If Cottage Dreams is required to hire a cleaning service after your departure, you will be billed for that service on the credit card you have provided below.
As we adhere to a strict privacy policy, your credit card information will not be kept by Cottage Dreams. The information will be destroyed after the final review of the cottage.

We are thrilled that you have chosen our program and we look forward to supporting your recovery with a week away at a donated cottage. If you have any questions or concerns, please contact Sue Black at (705) 457-9100 for clarification.

***By signing this form, I agree with the above terms.**

Credit Card Information

Name of Cardholder: _____

Credit Card Number: _____

Type: Visa Master Card Amex Expiry _____

Signature of Cardholder: _____ Date:_____

Signature of Witness : _____ Date: _____

Witness Print Name: _____

Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.

Cottage Dreams Cancer Recovery Initiative Inc.
Application Package

Applicant/Guardian Signature: _____Date:_____

CONSENT AND WAIVER FORM
TO BE COMPLETED BY APPLICANT/GUARDIAN

Cottage Dreams operates a recovery program for adults and children along with their families who have survived cancer. In consideration of Cottage Dreams allowing myself (and/or the applicant I represent) to participate in its activities I agree to the following terms.

I have reviewed and approved the *Medical History* and *Physicians Report* accompanying this application to Cottage Dreams Cancer Recovery Inc.

I give permission to Cottage Dreams, that I (and/or the applicant I represent) may be photographed or filmed while participating in Cottage Dreams programs, and that these may be used for promotional, fundraising activities and/or media reports.

I (and/or the applicant I represent), hereby waive and forever release Cottage Dreams Recovery Initiative Inc. and/or its agents, directors, officer, employees, servants or assigns from any claim, liability, costs or damages of any kind for injury or damage to the person or property of myself, regardless of cause, which may arise out of, or in any manner be connected with, or occasioned by or during my (and/or the applicant I represents) stay and related activities as a participant at a property under the Cottage Dreams recovery program.

Notwithstanding any of the above, I (and/or the applicant I represent) shall indemnify Cottage Dreams for all claims Cottage Dreams may be subject to at any time by reason of my (and/or the applicant I represents) stay and/or participation in programs sponsored by Cottage Dreams. I (and/or the applicant I represent) agree to place Cottage Dreams in possession of funds whenever necessary for their protection against such claims and to pay to Cottage Dreams the amount of any claims for which Cottage Dreams may become liable by reason of my (and/or the applicant I represents) stay and/or participation in programs sponsored by Cottage Dreams.

This **Consent and Waiver Form** may be delivered by facsimile or telecopy or by electronic transmission in portable document format (PDF) and the delivery of this **Consent and Waiver Form** by any such form shall be deemed to be the equivalent of the delivery of an originally executed copy thereof.

This consent and waiver form in its entirety shall become effective as of the date signed below and shall remain in full force and effect until it is withdrawn or amended by given written notice to Cottage Dreams Cancer Recovery Initiative Inc.

I agree that no notice apart from which is specified above, shall be considered to amend this agreement. This agreement shall bind the undersigned, their representatives, successors and/or administrators.

_____
Signature of Applicant/Guardian of Applicant

_____
Printed Name of Applicant/Guardian

_____
Date

_____
Signature of Witness

_____
Printed Name of Witness

_____
Date

In the event of a child applicant (under 18)
In consideration of Cottage Dreams allowing my child to participate in its activities, I/we

_____
Printed Name of Parent/Legal Guardian 1

_____
Printed Name of Parent/Legal Guardian 2

are/am the legal guardian(s) of (minor applicant)

_____

and that I/we have legal authority to consent to and authorize to all of the previously stated terms on this form.

_____
Signature of Parent/Legal Guardian 1

_____
Date

_____
Signature of Parent/Legal Guardian 2

_____
Date

_____
Signature of Witness

_____
Printed Name of Witness

Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.

Cottage Dreams Cancer Recovery Initiative Inc.
Application Package

Date

Cottage Dreams Recovery Initiative adheres to the PIPEDA privacy laws. All information will remain private and confidential.