



Application Weekend Respite for Women with Cancer

March 15-17, 2019
Center of Renewal

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Number of children and ages _____

Employer (if applicable) _____

Do you consider yourself as having a low income? No Yes

What type of cancer do you have? _____ When were you diagnosed? _____

Are you presently undergoing Chemotherapy Radiation If not, when did you complete treatment? _____

List your medications _____

If you have attended previously, have you experienced any significant changes to your physical or mental health since we last saw you? No

Yes If yes, what? _____

All applicants: In addition to cancer, have you experienced any significant changes or loss in the past 6 months? No Yes

If yes, what? _____

I need transportation: No Yes I can help drive: No Yes Can you easily walk up and down hallways? No Yes

If you have any special needs, including dietary, that would be important for staff to know, please specify:

Tell us whom to call in case of medical emergency: _____

Dr's Name

Phone

Name & number of person caring for your children this weekend: _____

Name

Phone

Name & number of **non-medical emergency contact** if other than above: _____

Name

Phone

Where did you hear about the program? _____

I understand that the Women's Respite Program and the Center of Renewal are not responsible for loss of property or personal injuries while participating in the weekend at Stella Niagara. I acknowledge that activities such as massage therapy, walking, etc. may involve certain risks of injury, and I am voluntarily participating in such activities during the weekend and assume all risks associated with my participation.

Signature: _____

Send form no later than **February 28, 2019, to**

Women's Respite Program

1301 Ferry Ave. ■ Niagara Falls, NY 14301