

**JUSTIN'S BEACH HOUSE**  
**Bethany Beach, Delaware**  
**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. An applicant is eligible until he/she has been off active treatment for one year.

It is our goal to offer cancer patients a week in beautiful Bethany Beach. Due to the large number of applications that we receive we cannot accept applications from families that have previously stayed at Justin's Beach House.

Applicants residing outside of a 50-mile radius of Bethany Beach will be given first priority. Applicants residing within a 50-mile radius of Bethany Beach will not be considered until June 1.

**APPLICATION**

In order to be considered for participation in our program, the applicant/applicant's family must submit a completed application along with a **PHOTO ID** of the applicant. 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 \$500 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.

**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.

## 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](http://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 & Phone: \_\_\_\_\_

#### 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 10 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:**

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

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.**

It is our goal to offer cancer patients a week in beautiful Bethany Beach. Due to the large number of applications that we annually receive we cannot accept applications from families and their guests that have previously stayed at Justin's Beach House.

Applicants residing outside of a 50-mile radius of Bethany Beach will be given first priority. Applicants residing within a 50-mile radius of Bethany Beach will not be considered until June 1.

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 \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_ 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

Email \_\_\_\_\_ Emergency Phone ( )\_\_\_\_-\_\_\_\_\_

(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. (no earlier-no exceptions)      Check Out - 10:00 a.m. (no later-no exceptions)

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 consider your dates until we receive the following:**

**Completed application**

**Signed Justin's Beach House Rules**

**Your \$500.00 refundable deposit and,**

**PHOTO ID of the applicant**

### **Linens**

**From May 31 to Labor Day - Linens are provided to include sheets, Pillowcases, bath towels, washcloths, dish towels and dish cloths.**

**From January 31 - May 31 and Labor Day to December 31, please bring your own linens. (Linen rentals are available from Gale Force Rentals, 14 Atlantic Ave., Ocean View; 302-539-6244)**

**Beds – First Floor, 1 set of twins; Second Floor, 1 King, 1 Queen & 1 Full; Third Floor, 1 Queen.**

**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**



## Justin's Beach House Rules

### **Please note the following:**

No more than **10 overnight guests** are allowed at any one time at Justin's Beach House.

Parking is limited to no more than **3 vehicles**.

Beds: 1 King  
2 Queens  
1 Full  
2 Twins

All linens and bath towels are provided.

The elevator is **for handicap use only**.

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

Justin's Beach House **does not** allow the following in the house or on the property:

Smoking Motor homes, campers, tents etc.

Pets Potted Plants/Flowers

Dartboards Camp Fires and Fireworks

Swimming pools, boats, jet skis, or water craft of any kind

### **On check-out day please take care of the following:**

Leave the JBH key on the kitchen counter

Put your sheets and towels in the clear bags at the lower level front door before 10:00 AM

The refrigerator is to be emptied and wiped clean

Empty all trash cans and take out all trash and place in the outside trash cans

**\*The visit to Justin's Beach House is terminated if the patient is unable to attend.**

**\*Any violators of the JBH Rules will forfeit their deposit and/or the remainder of their stay at Justin's Beach House.**

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

It is the general policy of the Justin W. Jennings Foundation to return all deposits in full. However, where warranted by the circumstances, the Management of the Justin W. Jennings Foundation reserves the right to retain some or all of any deposit at its sole discretion.

I/We agree to abide by the rules of Justin's Beach House and any violation of the above will result in forfeiture of my/our deposit and/or the remainder of my/our stay.

Name \_\_\_\_\_

Date \_\_\_\_\_

**We thank you for taking good care of Justin's Beach House!**