

Cleaning Up for Cancer

Guidelines

Service Area

- Patient must be living in the seven county metro area of Minnesota. The counties include Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

Program Requirements

- Patient may be of any age, male or female, and must have a cancer diagnosis and be in active treatment. Active treatment includes chemotherapy, radiation, bone marrow transplant, surgery, hospice, or palliative care.
- The Medical Information Form must be signed by a social worker, Oncologist, or Oncology Nurse to confirm the diagnosis.
- Patient must sign the application at the bottom of page 1 and the release at the bottom of page 2.
- Patient will receive two cleanings free of charge.

Eligible Requests

- Cleaning Up for Cancer approves requests for basic cleaning needs, such as bathrooms, kitchens, bedrooms, living room, dining areas, front entry, and floors.

Ineligible Requests

- Cleaning Up for Cancer does not approve requests for laundry, changing bed linens, windows, basements, attics, any exterior surface or any area that requires more than a step stool.
- Houses with a history of smoking (first- or second-hand) are not eligible for a cleaning.

Process

- Mail applications to:

Cleaning Up for Cancer
9705 45th Avenue North
Box 41791
Plymouth, MN 55442

- Or email application to: info@CleaningupforCancer.org
- Applications must be signed by a social worker, Oncologist, or Oncology Nurse.
- Application and release must be signed patient.
- All information submitted will remain confidential.

Cleaning Up for Cancer

Date: _____
Patient Name: _____
Date of Birth: _____
Address: _____
County: _____
Email: _____
Phone: _____
Oncology Clinic: _____
Diagnosis: _____
How did you hear about this service?: _____
Preferred Days: Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____
Do you have any pets? Y ____ N ____ If yes, what type? _____

The Cleaning Up for Cancer program is available to cancer patients who are currently undergoing treatment and are in need of additional help cleaning their homes. Please inform us in the space below why you are in need of assistance from Cleaning Up for Cancer. The more detailed the information provided, the better we can understand the need. This form will be reviewed and you will be notified of a cleaning time via phone or email.

Signature: _____

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MEDICAL INFORMATION FORM

Date: _____

Patient Information:

First Name: _____ Last Name: _____

Birth Date: _____

Diagnosis: _____

Date of Diagnosis: _____

Current Treatment: (CHECK ALL THAT APPLY):

Chemotherapy

Date of last treatment: _____

Radiation

Date of last treatment: _____

Hospice

Date entered: _____

Palliative Care

Date entered: _____

Bone Marrow Transplant

Date of transplant: _____

Other

Date: _____

TO BE SIGNED BY SOCIAL WORKER, TREATING ONCOLOGIST, OR ONCOLOGY NURSE ONLY

I attest the patient has cancer and is currently being treated as stated above

X _____

Cleaning Up for Cancer

Service Requested

Please indicate your preference of services in order of 1 - 5 (1 being the highest priority and 5 being the lowest). Cleaning Up for Cancer will get to as many of the areas as possible in the allotted time.

Bathroom 1 - 2 (2 bathrooms is the maximum amount)

Kitchen

Bedrooms 1 - 2 (2 bedrooms is the maximum amount)

Living/Family Room

Other: _____

Below please list any comments or special instructions that would be helpful for Cleaning Up for Cancer to know.

HOLD HARMLESS WAIVER AND RELEASE

THIS HOLD HARMLESS WAIVER AND RELEASE (this "Release") is provided to Cleaning up for Cancer ("Releasee") prior to performance of the following services: residential cleaning (the "Services").

I, _____, understand and acknowledge that as a condition precedent to accepting the Services, I acknowledge and agree to the following:

- 1) In consideration of my retention of Releasee and acceptance of the Services, I hereby release and hold harmless Releasee and its governors, directors, officers, employees, agents, independent contractors and representatives ("Representatives") from any and all liability for injuries, death, or property damage which I may incur in connection with receiving the Services. I hereby agree, to the maximum extent permitted by law, to release and to hold harmless the Releasee and its Representatives who, through negligence, carelessness, or any intentional act or omission, might otherwise be liable to me (or my heirs or assigns) for any and all claims, suits, damages, or losses, of any nature whatsoever, including, but not limited to, claims of personal injury, whether known or unknown, foreseen or unforeseen, arising from, or in any way related to, my acceptance of the Services
- 2) I have carefully read and freely signed this Release, and understand the terms used in it. I also understand that by signing this document, I may be giving up legal rights which I, or others claiming through me may have now or in the future. I agree that this Release is to be binding on my heirs and assigns. I understand that Releasee is relying on my execution and delivery of this Release in providing the Services.
- 3) I agree that this agreement shall be governed by the laws of the State of Minnesota (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement.

**THIS IS A RELEASE OF YOUR RIGHTS.
PLEASE READ CAREFULLY BEFORE SIGNING**

Signed: _____
Name (please print) _____

Date: _____