Cleaning Up for Cancer

Terms and Conditions

Please read the following Cleaning Up for Cancer (CUFC) terms and conditions prior to completion of an application.

**Service Area**

Patient must reside in one of the following Minnesota counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

**Program Requirements**

* Patient, at the time of applying, must have an active cancer diagnosis and have received treatment in the last sixty (60) days or be scheduled to receive treatment in the next sixty (60) days.
* A complete application must be submitted to CUFC.
* Execution and return of the attached Release is required prior receipt of cleaning services.
* Subject to these terms and conditions, patient will receive up to two (2) cleanings free of charge.
* The program will take the following COVID-19 precautions in compliance with all federal and Minnesota state COVID-19 guidelines:
  + Contractors must wear a mask, subject to any medical exemptions. Contractors may wear gloves while in physical contact with Patient’s residence.
  + Patient and Contractor shall remain more than six (6) feet away from one another at all times possible.
  + If Patient has additional COVID-19 requests, the Program will do its best to honor them.

**Eligible Requests**

* Cleaning of patient’s primary residence.
* Basic cleaning of interior spaces including bathrooms, kitchens, bedrooms, living rooms, dining areas, front entries, hardwood floors or vacuuming of carpeted floors (the “Eligible Areas”).
* Subject to these terms and conditions and the scheduled cleaning time, Eligible Areas will be cleaned per the patient’s priority as indicated in the application.
* This Program is open to patients of any age or gender.

**Ineligible Requests**

* Cleaning of vacation or secondary residences.
* CUFC does not provide laundry services, laundry folding, changing bed linens, or cleaning of windows, walls, baseboards, utility rooms, unfinished basements, attics, garages, pet messes, outdoor areas or any area that requires more than a step stool.
* Houses with a history of smoking (first or second‑hand).

**Pets**

No pets will be allowed in rooms subject to cleaning unless they are properly contained. CUFC will not be responsible for containing or handling pets and reserves the right to refuse or discontinue service at any time.

**Equipment and Products**

* Cleaning equipment and eco-friendly, non-toxic cleaning products will be provided by CUFC service providers. CUFC cannot honor requests for certain brands or varieties of cleaning equipment or products.
* Patient may request Contractor to use Patient’s own cleaning equipment, but Contractor is not responsible for damage to Patient’s cleaning equipment that occurs through ordinary use.

**Hours and Days of Operation**

* A single cleaning service is provided for total of 3.5 to 4 work hours. Cleaning services are available Monday through Friday. Subject to provider availability, CUFC will attempt to honor requested cleaning dates and/or times, but cannot guarantee a specific time slot.
* If a scheduled cleaning date needs to be rescheduled, CUFC will use its best efforts to accommodate a rescheduled cleaning, but cannot guarantee future availability.

**Refusal of Service**

CUFC and its service providers have the right to refuse service in the event conditions are found to be unsafe or excessively unsanitary, in either CUFC or its service provider’s sole discretion.

**Service Providers**

Service providers performing cleaning services on behalf of CUFC are independent contractors and are not employees of CUFC**.**

**Confidentiality**

Except for patient information shared with CUFC service providers, all information submitted by patients will remain confidential unless disclosure is required by law.

Cleaning Up for Cancer

**APPLICATION FORM - RELEASE AND HOLD HARMLESS WAIVER**

THIS RELEASE AND HOLD HARMLESS WAIVER (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 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 or property, whether known or unknown, foreseen or unforeseen, arising from, or in any way related to, my acceptance of the Services.
2. I am 18 years of age or older and legally competent to enter into this binding Release. I understand that my participation and receipt of Services from Releasee and its Representatives is strictly voluntary on my behalf.
3. I have carefully read and freely signed this Release, and understand the terms used in it. I also understand that by signing this Release, 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 successors, heirs and/or assigns. I understand that Releasee is relying on my execution and delivery of this Release in providing the Services.
4. This Release 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 Release.

**THIS IS A RELEASE OF YOUR RIGHTS.**

**PLEASE READ CAREFULLY BEFORE SIGNING**

Signed: Date: \_\_\_\_\_\_\_\_\_\_

Name (please print)

󠄀 Check this box if you are a guardian signing this Release on behalf of a minor who is the qualified recipient of the Services.

Minor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cleaning Up for Cancer

**APPLICATION FORM**

Patient Name:

Address:

City, State, Zip:

Email:

Phone:

Preferred Days: Mon. Tues. Wed. Thurs. Fri. \_

Preferred Time (circle one): Morning/Afternoon/No Preference.

Do you have any pets? Y N \_\_\_\_

If yes:

How many: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the pet(s) remain in the home during the cleaning? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, where and how will the pet(s) be contained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special COVID-19 requests:? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

\_\_ Bathrooms (2 ½ bathrooms is the maximum amount)

\_\_ Kitchen

\_\_ Bedrooms (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 when cleaning your home:

**I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE SERVICES BY CLEANING UP FOR CANCER AND THAT ANY FUTURE SERVICES RENDERED BY CLEANING UP FOR CANCER OR ITS AGENTS ARE SUBJECT TO CLEANING UP FOR CANCER’S TERMS AND CONDITIONS.**

**BY SUBMITTING THIS APPLICATION, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEREBY CERTIFY I HAVE RECEIVED ONE OR MORE OF THE FOLLOWING CANCER TREATMENTS IN THE LAST 60 DAYS OR AM SCHEDULED TO RECEIVE ONE OR MORE OF THE FOLLOWING CANCER TREATMENTS IN THE NEXT 60 DAYS: CHEMOTHERAPY, RADIATION, BONE MARROW TRANSPLANT, CANCER-RELATED SURGERY, HOSPICE, OR PALLIATIVE CARE.**

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Patient or Guardian of Patient**

󠄀 Check this box if you are a guardian signing on behalf of a minor who is the qualified recipient of the Services.

Minor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed applications to:

Cleaning Up for Cancer

9705 45th Ave. N. #41791

Plymouth, MN 55442

Or, email completed applications to [info@CleaningupforCancer.org](mailto:info@CleaningupforCancer.org).

CUFC will use its best efforts to respond to submitted applications within 7-14 business days of receipt. If you have any questions regarding this application, please contact us at (612) 462-8360 or [info@cleaningupforcancer.org](mailto:info@cleaningupforcancer.org).

*To be signed by social worker, treating oncologist, or oncology nurse only.*

Verification of Patient Status: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_