

INTAKE INFORMATION
Marion Street
FAX: 303-831-4567



Date _____

Personal information

Patient's Name: _____ Date of Birth: ___/___/___

Permanent Address: _____

City: _____ State: _____ Zip: _____ Patient's Cell phone: _____

Patient Web Page and/or Email: _____

Caregiver (CG) #1 Name: _____ Relationship to patient: _____

CG #1 Address: _____ Same as patient address

City: _____ State: _____ Zip: _____ Date of Birth: ___/___/___

Permanent Phone: _____ Cell phone: _____ E-mail address: _____

Caregiver (CG) #2 Name: _____ Relationship to patient: _____

CG #2 Address: _____ Same as patient address

City: _____ State: _____ Zip: _____ Date of Birth: ___/___/___

Permanent Phone: _____ Cell phone: _____ E-mail address: _____

Primary Car: Make _____ Model _____ Color _____ License Number _____

Secondary Car: Make _____ Model _____ Color _____ License Number _____

Other Children/sibling Names:	Date of Birth:	Will they be staying with you?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Name: _____ Phone: _____ Cell Phone _____

Hospital Information

Hospital Name: _____ Doctor _____ Social Worker _____

Please describe the patient's illness and treatment plan:

Diagnosis _____

Transplant (Please circle) BMT Auto Allo - Donor _____ Organ _____ Date _____

Treatment (Please circle) Chemo Timeframe _____ Radiation Timeframe _____

Demographic Information

Provision of the following information is strictly voluntary. This information will be used for the purpose of fundraising for Brent's Place and will always be used anonymously. Thank you for your input.

Ethnicity

- Caucasian Hispanic African American Asian or Pacific Islander Middle Eastern
- Native American / Alaskan Native Multi Racial
- Other _____

Household Income Per Year

- Less than \$10,000 10,000 – 20,000 20,000 – 30,000 30,000 – 40,000 40,000 – 50,000
- 50,000 – 60,000 60,000 – 70,000 70,000 – 80,000 80,000 – 90,000 90,000 or more

Housing

- Rent Own

Distance Traveled:

- Less than 50 Miles 50 – 100 Miles 100 - 150 Miles 150 Miles or more

Public Assistance

- Patient -- SSDI Patient -- SSI Patient -- Medicaid Patient -- Medicare
- Caregiver -- SSDI Caregiver -- SSI Caregiver -- Medicaid Caregiver -- Medicare

AUTHORIZATION TO PARTICIPATE AND RELEASE OF CLAIMS

I, _____ understand that my occupancy of a Brent's Place®
Name of Parent/Caregiver

apartment is provided by the Brent Eley Foundation as a service to the patient _____ and
Name of Patient

me during the course of the patient's medical care. I assume full and complete responsibility for any injury, accident or unusual occurrence that may occur to the patient or me during my stay here.

I also understand and agree to permit the staff of Brent's Place® to use for publicity or promotional purposes, my name and pictures, videotapes or other recordings of me, or the patient without liability or obligation to me.

I authorize the minor child (children) named below to participate in on and off campus activities and events.

I UNDERSTAND AND ASSUME THE RISKS OF THE IN-HOUSE AND OFF CAMPUS ACTIVITIES OFFERED, INCLUDING BUT NOT LIMITED TO THE RISK OF INJURIES OF DEATH FROM A MOTOR VEHICLE ACCIDENT WHICH OCCURS WHILE ANY MEMBER OF MY FAMILY IS RIDING IN A VEHICLE OWNED OR OPERATED BY A BRENT'S PLACE EMPLOYEE OR VOLUNTEER . UNDERSTANDING THOSE RISKS, AND IN CONSIDERTION OF THE BENEFITS PROVIDED TO ME AND MY FAMILY MEMBERS FROM SUCH ACTIVITIES, I HEREBY ADVISE, REPESENT AND WARRANT TO THE BRENT ELEY FOUNDATION THAT I DO HEREBY RELEASE THE FOUNDATION, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES AND ANYONE ELSE DIRECTLY OR INDIRECTLY CONNECTED WITH THE FOUNDATION FROM ANY LIABILITY IN THE EVENT OF ANY INJURY OR DAMAGE OF ANY NATURE (OR PERHAPS EVEN DEATH) TO ME, A FAMILY MEMBER OR ANYONE ELSE WHICH OCCURS DURING PARTICIPATION IN ONE OR MORE OF THE OUTINGS OR ACTIVITIES, OR THE TRANSPORTATION RELATING TO SUCH OUTINGS OR ACTIVITIES.

I have executed this release willingly and understand that by signing this release I give up any right I may have to sue or make any claim or demand on my behalf or on behalf of any family member for any injuries related to or in any way connected with participating in any of the activities me or my children engage in or during the course of residency at Brent's Place. I understand and intend that this release covers all injuries, even if such injuries are a result of the negligence of The Foundation or any person associated with The Foundation. This authorization and release constitutes the entire agreement between The Brent Eley Foundation and myself regarding the subjects addressed in this document.

I further consent to and authorize the release by the hospital treating the patient named above, of general information relating to the patient, our family background, and the medical situation which has brought us to Brent's Place®. To the extent that any of such information becomes public, I release the Brent Eley Foundation, its officers, directors, employees and volunteers from any cause of action which I may have, or my family may have, including but not limited to statutory and common law rights of action relating to confidentiality and privacy. I also release the hospital providing such information to Brent's Place® or to the Brent Eley Foundation from any claim I may have under The Health Insurance Portability and Accountability Act (HIPAA), and any and all regulations promulgated thereunder. I understand that the release of the general information described above will assist Brent's Place®, their employees and volunteers, in providing service to my family. I also understand that if I do not want my family to appear in photographs or promotional materials which Brent's Place® may distribute, I will so inform Brent's Place® of this in writing.

By my signature below, I hereby certify that I have read and understand the entire document.

Name of patient _____ Name of child/sibling #2 _____

Name of child/sibling #3 _____ Name of child/sibling #4 _____

Name of any other participating party/visitors _____

Signature of parent/caregiver #1 _____ Date: _____

Signature of parent/caregiver #2 _____ Date: _____

OCCUPANCY AGREEMENT

- The rules have been developed for the safety and security of all families and staff at Brent's Place.
 - The rules we have at Brent's Place are taken very seriously.
 - Failure to comply with these rules can and will result in your being asked to leave Brent's Place immediately and permanently.
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Brent's Place can and will ask you to terminate your stay at Brent's Place if any of our rules are violated. In addition to rules violation, Brent's Place will terminate your stay for the following three reasons:

- **Treatment for the patient is no longer required.** Patients being treated for issues other than those in compliance with Brent's Place criteria are not eligible for housing.
 - **Incoming, Post-Transplant patient in need of housing has priority for admission.** This is based on Brent's Place Selection Criteria.
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Other Important Things:

- **Please notify staff immediately of any maintenance issues, emergencies, and alarming situations.** Ex. Laundry Machine malfunctions, light bulbs out, alarming smell (smoke), unfamiliar people in or around building, issues with other tenants.
 - **Resident mail should be sent to C/O Brent's Place- 1721 Marion Street. Denver, CO 80218** Do not change your address on a permanent basis. Mail will be delivered to your apartment throughout the week.
 - **There is one garage parking spot per apartment.** Additional vehicles must park in the back of the building or on the street.
 - **Each family is issued a maximum of two sets of keys.** Brent's Place staff will replace lost keys for a \$15 charge.
 - **Due to HIPPA, Brent's Place staff is not able to comment on the health status of any of our residents.**
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Safety & Security Rules & Guidelines

No Smoking on Brent's Place Property. This includes apartments, laundry rooms, hallways, elevators, stairwells, balconies, porches, etc. There is zero tolerance for failure to comply with the NO SMOKING policy. **The only designated smoking area is in the ally by the dumpster.**

I read and understand this rule and will follow it. _____

All illegal drugs, drug use and drug paraphernalia are strictly prohibited on the Brent's Place Property. Any indication of drugs, drug use and drug paraphernalia will result in immediate expulsion and possible notification of authorities.

I read and understand this rule and will follow it. _____

All firearms, ammunition, and explosives are strictly prohibited from Brent's Place Property. Any indication of firearms, ammunition, and explosives will result in immediate expulsion and possible notification of authorities.

I read and understand this rule and will follow it. _____

Doors to all buildings and apartments must be shut and locked at all times. Please shut fence gates after coming & going. Please make sure that the front door is closed behind you, it will not close on its own.

I read and understand this rule and will follow it. _____

Apartment/Facility Rules & Guideline

A caregiver must be living with the patient at all times. Under no circumstances should the patient be left alone without a caregiver. **Please notify staff if there is a change of caregivers.** New caregivers must sign and understand occupancy agreement and cleaning guidelines.

I read and understand this rule and will follow it. _____

Brent's Place employees may enter the apartment at any time. They will enter for maintenance and/or cleaning checks.

I read and understand this rule and will follow it. _____

Visitors: There is a limit of two additional people in the apartment at a time. If you would like more guests, please contact Brent's Place Staff to make arrangements.

I read and understand this rule and will follow it. _____

Visiting hours are between 8:00 A.M. and 8:00 P.M. Exercise hours are between 8:00 A.M. and 8:00 P.M.

I read and understand this rule and will follow it. _____

A \$100 Cleaning Fee is required from the residents on admission to Brent's Place. This is used to clean the apartment for your stay at Brent's Place and helps to clean it for the next family as well.

I read and understand this rule and will follow it. _____

“Safe, Clean” Rules & Guidelines

No pets allowed at any time on Brent’s Place Property. This includes every kind of animal. Do not feed the squirrels or any other animals around Brent’s Place.

I read and understand this rule and will follow it. _____

Only the patient, caregiver(s), and siblings as listed on the occupancy agreement may occupy apartments. Maximum occupancy in an apartment is four.

I read and understand this rule and will follow it. _____

The apartments must be kept “safe-clean” according to Brent’s Place Cleaning Guidelines. The apartments must be kept clutter-free and organized. No carpets or rugs can be brought into the facility. All bedding (blankets, pillows, sheets, etc.) must be laundered and sealed in a plastic bag before bringing them into our facility. These guidelines promote the health and well being of the patient(s) in treatment.

I read and understand this rule and will follow it. _____

Fresh plants and flowers are not allowed in the apartments. Organisms that grow in dirt, water and plants can cause infections.

I read and understand this rule and will follow it. _____

All Brent’s Place common areas will be respected and kept clean. This includes hallways, laundry rooms, exercise areas, elevator, and parking lots.

I read and understand this rule and will follow it. _____

All trash must be disposed of in the dumpster. Please do not leave trash in hallways, common space, or parking garage.

I read and understand this rule and will follow it. _____

Do not invite family members or friends to Brent’s Place who may be sick. We try to maintain an environment free of virus, bacteria and infections.

I read and understand this rule and will follow it. _____

Brent's Place Cleaning Guidelines

Cleaning Guidelines	Times week.	Initial
<small>Please utilize cleaning supplies provided by Brent's Place.</small>		
GENERAL (Living Area & Bedrooms)		
Take out all trash to dumpsters.	Daily	
Dust & Clean all furniture and appliances (TV).	Daily	
Damp wipe Door Knobs & Light Switches, especially in bathrooms.	Daily	
Sweep & Mop Hardwood Floors, including under furniture.	Daily	
Damp wipe windows, sills, and blinds.	3X	
Move couch and clean under and behind it.	3X	
Windex Windows	1X	
Dust/Clean Baseboards.	1X	
Dust/Clean corners of rooms.	1X	
Dust/Clean Tops of Picture Frames.	1X	
Clean Lampshades and Light Fixtures	1X	
Remove all couch and chair cushions and clean underneath.	1X	
KITCHEN:		
Sweep & Mop Kitchen Floors.	Daily	
Damp Wipe Kitchen Counter tops.	Daily	
Wash dishes in dishwasher and dry.	Daily	
Wash sponges in dishwasher.	Daily	
Clean Microwave, inside and out.	3X	
Damp Wipe outside cabinet doors.	3X	
Damp Wipe inside cabinets.	1 X	
Thoroughly clean inside refrigerator, throwing away any old food.	1 X	
Damp Wipe top of refrigerator.	1X	
Pull Refrigerator out and clean floor underneath.	1X	
Clean Stove: wipe inside & out.	1X	
Remove bottom shelves of stove and clean floor below.	1X	
BATHROOM:		
Sweep and Mop Floor.	Daily	
Clean/Scrub sink.	Daily	
Clean/Scrub toilet.	Daily	
Clean/Scrub tub/shower	3X	
Clean Mirror.	1X	
Dust/Clean any shelving and cabinets, inside and out.	1X	
LAUNDRY:		
Wash towels.	3X	
Wash bedding: sheets, mattress pads, pillow liners, and blankets.	1X	
Wash potholders.	1X	
Wash comforters.	Bi-monthly	

Please initial each section and sign & date below, noting you understand the guidelines and will maintain them while staying at Brent's Place.

Print Name _____ Signature _____ Date _____

Signature of Compliance of Brent's Place Rules & Policies

- I have read, understand and agree to the rules and policies, as well as the cleaning guidelines at Brent's Place. I understand that failure to comply with these guidelines can and will result in the termination of stay.
- I understand that Brent's Place staff will make regular periodic cleaning checks on Apartment _ to ensure compliance with these standards.

Caregiver 1:

Please Print Name: _____

Signature: _____

Date: _____

Caregiver 2:

Please Print Name: _____

Signature: _____

Date: _____

<p>(Brent's Place Staff Use Only)</p> <p>Check in Date: _____</p> <p>Unit #: _____</p> <p>Number of Keys Issued: _____</p> <p>Expected Length of Stay: _____</p> <p>Brent's Place Representative: _____</p>
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