

INTAKE INFORMATION
Marion Street
FAX: 303-831-4567



Date

Personal Information

Patient's Name: _____ Gender: _____ 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: _____

Other Caregiver/Family Names: Gender: Date of Birth: Will they be staying with you?

Emergency Contact:

Name: _____ Phone: _____ Cell Phone: _____

Vehicle Information:

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

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

Brent's Place Family T-shirts:

Please provide us with t-shirt sizes for each family member staying at Brent's Place. We have shirts available for babies, toddlers, children and adults. Adult shirts are unisex and come in sizes S-3XL.

Patient: _____ Caregiver 1: _____ Caregiver 2: _____

Other: _____ Other: _____

In order to help us understand how we can best support you during your stay here, please answer the following questions:

1. On a scale of 1-10 (1 being "not at all" and 10 being "fully") how financially supported do you currently feel?
1 2 3 4 5 6 7 8 9 10

2. On a scale of 1-10 (1 being "not at all" and 10 being "fully") how emotionally supported do you currently feel?
1 2 3 4 5 6 7 8 9 10

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 _____ Names of Caregiver(s): _____

Signature of patient (if possible): _____ Date: _____

Signature of parent/caregiver #1 _____ Date: _____

Signature of parent/caregiver #2 _____ Date: _____

OCCUPANCY AGREEMENT

- **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 Brent's Place-Attn: (Your Name) 1721 Marion Street Apt # ____ Denver, CO 80218** Do not change your address on a permanent basis. Mail will be delivered to you when it arrives. Please make arrangements for your medical packages to be delivered to your apartment.
- **There is one garage parking spot per apartment.** Additional vehicles may park along the east of the apartment building
- **Due to HIPPA, Brent's Place staff is not able to comment on the health status of any of our residents.**

Apartment Emergency On-Call Pager:

An *apartment emergency* is when there is an emergent need that threatens the wellbeing of you, your family, and/or your neighbors. Examples include: power outages, severe plumbing overflows, loss of water and/or heat. We also ask to be notified if there were any weekend visits from public protection entities, e.g. ambulance, police, or fire services for whatever reason.

- Dial **(303) 281-8249**
- You will be connected with a response professional that will talk with you and get you connected with the right contact.

Safety and Security Rules and Guidelines

- The rules have been developed for the safety and security of all families and staff at Brent's Place, and 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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No Smoking on Brent's Place/ Marion Street 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. **Smoking is allowed outside of the apartment building on the sidewalk.**

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/Marion Street 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. _____

Marijuana use is not allowed on Brent's Place Property. While marijuana is legal in the state of Colorado, it is not a permitted substance on our property. Medically prescribed marijuana will be allowed with the necessary prescription, but cannot be administered by smoking.

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

All firearms, ammunition, and explosives are strictly prohibited from Brent's Place/Marion Street 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 do not prop doors and leave them unattended.

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

You are responsible for the behavior of your guests while at Brent's Place. If guests of yours violate our rules & policies during their visit to Brent's Place, your stay with us might be compromised. Please ensure all guests know, understand, and follow our rules.

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

Apartment/Facility Rules and Guidelines

An adult 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. Media room hours are between 8:00 A.M. and 9:00 P.M.

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

A \$125 Cleaning Fee is required 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. _____

Phone Service: Phone service in apartments does not include long distance, last number redial or directory assistance. Charges for these services will be billed to you.

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

Keys: Each family is issued a maximum of two sets of keys. Brent's Place staff will replace lost keys for a \$20 charge per occurrence.

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

Rules Communication: You are responsible for communicating all rules and guidelines to all caregivers of this patient who will be staying at Brent's Place.

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

"Safe-Clean" Rules and 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. Any desired changes to the occupancy list must be approved by the Family Services Manager. Any unapproved guests may be asked to leave.

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. _____

Candles, incense or anything that you light with fire are not allowed to be used in the apartments.

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 equipment, elevator, and parking lot/garage. Please do not leave personal items in these spaces, either.

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. _____

Recycling. Please make sure to break down all boxes and large items before disposing them in the recycling dumpster to save space.

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 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 two 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.

Signature of Compliance of Brent’s Place Rules and Policies:

- I have read, understand and agree to the rules and policies, as well as the cleaning guidelines (on the following page) 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: _____

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 _____