

# GUEST REGISTRATION FORM



Caring House is a private, non-profit facility that provides a comfortable and affordable place to stay for cancer patients and their caregivers during treatment. All guests must be at least 18 years old and able to care for themselves. Staying here is a privilege. Any violation of Caring House rules or policies may result in a guest being required to leave Caring House.

## 1. COMMUNITY ENVIRONMENT

I understand that Caring House is a community living environment and am aware of the possible risks that entails. For the well-being of other patients and our staff, we ask that you alert us and make alternate lodging arrangements if you become sick with a contagious illness at any time during your stay or immediately after leaving Caring House.

## 2. SMOKING/ALCOHOL

Alcohol is not allowed on the premises. Smoking is restricted to the outside smoking area. A \$100 fee will be assessed for cleaning the room, if it is determined this rule is not being followed. If a guest is found with alcohol or smoking in an unpermitted area, said guest will be asked to find alternate housing.

## 3. FOOD STORAGE & USAGE (does not apply to ABMT apartment)

- Food is not allowed in the rooms.
- Do not take any food labeled with another guest's name.
- Food left on counters will be discarded.

## 4. KEYS

During your stay at Caring House, each adult guest will be issued a set of keys. Please keep track of your keys, and return to the front desk when you check out. You will be charged \$30.00 for lost keys.

I acknowledge that I have read, understand and agree to follow Caring House rules, and I have been made aware that my family members, any visitors, and I must abide by these rules in order to remain a guest at Caring House.

5. Stays at Caring House may be limited. If a guest is admitted to the hospital, Caring House can only provide housing for the caregiver for up to 10 days.

\_\_\_\_\_  
Signature (Primary Guest)

\_\_\_\_\_  
Print Name (Primary Guest)

\_\_\_\_\_  
Email Address (Primary Guest)

\_\_\_\_\_  
Signature (Caregiver)

\_\_\_\_\_  
Print Name (Caregiver)

\_\_\_\_\_  
Date

# CAREGIVER REGISTRATION FORM

Name of Primary Guest: \_\_\_\_\_

## CAREGIVER BASIC INFORMATION

Title (check one):  Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender (check one):  Male  Female  Other

Relationship to Primary Guest: \_\_\_\_\_

## CAREGIVER CONTACT INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

# STATEMENT OF LIABILITY

Caring House, Inc. is pleased to welcome you to our “home away from home”. We hope that your stay with us will be a pleasant one.

As a condition to and in consideration for my stay at Caring House, I understand and agree to the following:

1. Caring House reserves the right to enter any room at any time to ensure there are no maintenance issues to be addressed, violation of house policies or changes in room status.
2. I and my guests will respect the real and personal property of Caring House. If any damage should occur, I accept the responsibility of payment or repair of the damage. (To protect yourself from unjustified claims, please carefully inspect your room and its contents immediately after your arrival. Notify the operations manager if you find any damage other than normal wear and tear.)
3. I also agree to follow all guidelines as set forth in the Caring House information I have been provided. It is my understanding that if I or my guests violate any of these rules or policies, I/we will willingly vacate the premises when asked to do so.
4. I agree to accept the full responsibility for any personal property brought to Caring House including my vehicle. I/we understand that Caring House accepts no responsibility for my personal items.
5. I/we understand that Caring House is not a medical facility; no medical staff is on duty; no medications will be administered, and no medical services of any kind will be administered to myself or my guests for any reason.
6. I/we hereby release and forever discharge Caring House, Inc., its volunteers, officers, directors, staff and/or any other employees of any kind, from any and all responsibility, liability, or loss resulting from direct or indirect consequences of medical treatments or procedures received by me at any medical facilities.
7. I/we hereby release and forever discharge Caring House, Inc., its volunteers, officers, directors, and/or staff for any direct or indirect consequences of my participation in (social) events or activities during my stay at Caring House.

This release is signed voluntarily and of my own free will and accord. I further understand and intend that this release shall be binding on me, my heirs, executors, administrators, successors, and assigns. I have read the foregoing conditions to my stay at Caring House and I understand and accept them. Any questions that have arisen or occurred to me have been answered to my satisfaction.

\_\_\_\_\_  
Signature (Primary Guest)

\_\_\_\_\_  
Print Name (Primary Guest)

\_\_\_\_\_  
Signature (Caregiver)

\_\_\_\_\_  
Print Name (Caregiver)

\_\_\_\_\_  
Witness (Caring House Staff/Volunteers)

\_\_\_\_\_  
Date

# MEDICATIONS & EMERGENCY CONTACTS

Please keep this document updated.

## PRIMARY GUEST INFORMATION

Name of Primary Guest: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PHYSICIAN INFORMATION

Duke Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

CURRENT MEDICATION LIST AS OF (DATE): \_\_\_\_\_

Drug Name	Dosage	Notes (e.g., frequency)

# VEHICLE REGISTRATION

Name of Primary Guest: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_

## VEHICLE #1

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

## VEHICLE #2

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

## VEHICLE #3

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

# MEDIA RELEASE FORM

I give Caring House and its agents my permission to use my photograph in printed and digital publications for the purpose of promoting the programs and mission of Caring House to the general public.

I understand that once materials are released to the public, Caring House retains no further use over their control. I understand that I will receive no compensation for my consent. If I refuse to consent, my refusal will not affect my eligibility to reside at Caring House.

I have read this form and have had the opportunity to ask questions about the use of photographs. I agree to be bound by this consent form. I acknowledge and represent that I am of full age and have the right to contract in my own name

\_\_\_\_\_  
Signature (Primary Guest)

\_\_\_\_\_  
Print Name (Primary Guest)

\_\_\_\_\_  
Signature (Caregiver)

\_\_\_\_\_  
Print Name (Caregiver)

\_\_\_\_\_  
Witness (Caring House Staff/Volunteers)

\_\_\_\_\_  
Date

# DUKE PATIENT VAN SCHEDULE

Caring House Pick-Up Time	Duke North Pick-Up Time	Cancer Center Pick-Up Time
7:30AM	8:30AM	8:40AM
9:00AM	10:00AM	10:10AM
10:30AM	11:30PM	11:40PM
12:00PM	1:00PM	1:10PM
1:30PM	2:30PM	2:40PM
3:00PM	4:00PM	4:10PM
4:30PM	5:30PM	5:40PM

Per request after 5:40PM

**PLEASE NOTE: This service runs Monday through Friday only.**

# HELPFUL INFORMATION

## **DIRECTIONS TO DUKE CANCER INSTITUTE**

Take a right out of Caring House parking lot. Make a left on Academy Rd. (1<sup>st</sup> light). Academy Rd. turns into Cameron Blvd. Take a right on Erwin Rd. (at the light). Make a right on Trent Dr. (at the light).

## **ACCESS CARING HOUSE WiFi**

Network: Caring House Guest

Password: CaringHouse (capital "C", capital "H", no spaces)

## **CARING HOUSE SOCIAL MEDIA**

Caring House regularly shares informational and inspirational posts on Facebook and Twitter. We invite you to "like" us on Facebook (CaringHouseDurham) and "follow" us on Twitter (Caring\_House)!

## **DIRECTIONS TO SUPER TARGET**

Take a left out of Caring House parking lot. Using the big office tower you see ahead as your guide, turn left on Tower Blvd. Pass McDonald's and at the light (15-501 Business) go straight into the shopping center where you can see a Sam's Club directly ahead. Target will be to the right of Sam's. There is a grocery store inside Target.

## **DIRECTIONS TO HARRIS TEETER**

Take a right out of Caring House parking lot. At first stoplight, take a right onto Academy Rd. Follow Academy Rd. until it dead-ends at University Dr. at a stoplight. Take a right onto University Dr. Proceed through three stoplights. At the fourth stoplight take a left onto Martin Luther King Jr. Boulevard. Harris Teeter will be on your right. This location offers Express Lane Home Shopping. For a small fee, you can shop online, and pick-up your groceries without having to get out of the car. Visit <https://shop.harristeeter.com/store/4FA6804#/>

## **DIRECTIONS TO WALMART**

Take a left out of Caring House parking lot. Using the big office tower you see ahead as your guide, turn left on Tower Blvd. Pass McDonald's and at the light (15-501 Business) turn right. Turn left at next light onto Westgate Dr. Follow Westgate Dr. between the Toys R Us and Target until you get to the light at University Dr. Turn right onto University Dr. Take the next left onto Martin Luther King Blvd. Follow MLK Blvd. for a couple of miles (and through several lights). You will see Walmart on the left.