

For Pete's Sake Cancer Respite Foundation Patient Program Guidelines



In keeping the mission of **For Pete's Sake Cancer Respite Foundation (FPS)**, the following Patient Program Guidelines have been assembled by the Patient Program Committee and approved by the Board of Directors of the organization, effective October 30, 2008.

Guidelines to Qualify (provided to patient upon nomination)

1. Nominee needs to know and understand the guidelines for FPS participation.
2. Nominee must be nominated by a health care professional who is a member of the patient's oncology team including the oncology physician.
3. Nominee must be a diagnosed cancer patient. Type and stage of cancer are considered and all nominations will be triaged.
4. Nominee must be between the ages of 24 to 50.
5. Nominee is required to be accompanied by spouse or caregiver as per nomination form.
6. The intention of FPS is to provide an excursion for the patient and caregiver; however, FPS realizes the importance of the immediate family and requests to include children up to age 18 will be approved on an excursion-by-excursion basis. FPS cannot assume costs for children 18 years of age or older.
7. Nominee must complete appropriate paperwork and return it to FPS in the required timeframe.
8. Nominee must secure his/her oncologist's medical authorization to travel, a copy of the oncologist's letterhead, and sign a marketing authorization.
9. Nominee and FPS must feel comfortable that the mission of FPS is fulfilled.
10. The nominee will not be eligible if he or she has previously had a respite /excursion since diagnosis.
11. FPS reserves the right to reduce the amount of stipend provided to an individual patient if patient receives ancillary funds from a third party.
12. Cancellations - In some cases it becomes necessary for a patient to cancel an excursion. Cancellations must be in writing. All property belonging to For Pete's Sake should be returned within 10 days of said cancellation.
13. Nominee must reside in the tri-state area (Pennsylvania, New Jersey or Delaware).
14. A valid driver's license and credit card are required to participate **in certain excursions**. If the patient or caregiver does not possess a valid driver's license or credit card (**with \$1000 of available credit**) , **the excursion choices offered will be limited. FPS does not charge any dollars to this credit card.**
15. A grievance procedure is available for any interested party(s) and can be obtained by contacting the organization's President.

I have reviewed the FPS Mission and Guidelines and I meet the criteria for a respite opportunity.

Patient Signature _____ **Date** _____

Revised 12/8/10

