ELIGIBILITY REQUIREMENTS

Please initial beside each statement to indicate that you meet/have met the requirements:

I am at least 18 years of age. _____

I need to travel 40 (or more) miles from my permanent residence to the treatment facility._____

I am required to be undergoing active treatment during my stay and to attend all scheduled treatment and doctors' appointments._____

Upon arrival, I will provide a government issued photo ID._____

As specified on the referral form, I agree to stay at Editha House only between the start date and end date of my treatment._____

A caregiver, (adult, 18 years or older) has agreed to stay with me for the duration of my treatment._____

I am able to care for myself, evacuate the premises in case of emergency, and prepare meals (or do so with the assistance of my caregiver)._____

I agree to be admitted no sooner than one day prior to treatment, and will vacate Editha House no later than 24 hours following completion of treatment._____

I do not have a known infectious disease at this time._____

I understand that by signing this form I agree that, to the best of my knowledge, I meet the above eligibility requirements. I understand that misrepresentation of the above information voids this agreement. If at any time I no longer meet the above eligibility requirements, I must inform Editha House Staff and may be asked to vacate Editha House within 24 hours.

Residency is a courtesy extended at the sole discretion of Editha House. Such courtesy may be withdrawn at the sole discretion of Editha House.

GUEST NAME:_____Date:_____

CAREGIVER NAME:_____Date:_____

WITNESS NAME:_____Date:_____