



**A SHELTER FOR CANCER FAMILIES**  
*More than housing.*

ASCF Application for Family, Guest and Caregiver

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_

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

EMERGENCY CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

GENDER: :  Male  Female

DRIVERS LICENSE# AND STATE: \_\_\_\_\_

NAME OF PATIENT/PRIMARY APPLICANT YOU WILL BE STAYING WITH: \_\_\_\_\_

DO YOU UNDERSTAND ENGLISH:  Yes  No

IF YOU ANSWERED NO TO ABOVE, WHAT IS YOUR PRIMARY LANGUAGE:

\_\_\_\_\_

HAVE ANY INFECTIOUS DISEASES:  Yes  No

BEEN CONVICTED OF VIOLENT CRIME, CRIME AGAINST A CHILD, THEFT OR  
ILLEGAL DRUGS:  Yes  No

HAVE A CIVIL OR PROTECTIVE ORDER AGAINST YOU OR ARE YOU CURRENTLY  
ON PROBATION OR PAROLE:  Yes  No

REQUIRED TO REGISTER ON THE STATE OR NATIONAL SEX OFFENDER REGISTRY  
 Yes  No

HOUSING POLICY & GUEST LIABILITY RELEASE #1: The undersigned for himself,  
herself or themselves, and on behalf of the said minors, hereby remise(s) and release(s) and  
forever discharge(s) ASCF, its Directors, Staff and/or Volunteers to whom this release is  
addressed.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #2: The undersigned release(s) each member and every director or similar fiduciary thereof and their respective officers, agents and/or employees from any and all demands, actions, causes of actions, suits, claims and/or liabilities whatsoever arising out of or in connection with any event, occurrence or incident set forth in the preceding paragraph whether caused by the negligence of any of the parties so released or otherwise.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #3: The undersigned hereby further agree(s) to indemnify, hold harmless and defend any and all of the said addresses against any and all such claims or liabilities asserted against them or any of them by third persons by reasons of any acts or omissions of the undersigned or his or her minor children or animals occurring during the period that the said accommodations are being furnished.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #4: Families are required to comply with all laws set forth by our local, state and federal government. Each family member housed by ASCF must also agree to adhere to ASCF's rules as well as any specified rules by the owners of our apartment property.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #5: All Patients, Caregivers, Family Members and Guests 18 years old and over (who plan to stay overnight in ASCF short-term housing) must complete the ASCF online background check at least 4 full business days and no sooner than 1 week in advance of the anticipated date of arrival to provide adequate time for processing.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #6: No Smoking or Pets - It is important to provide a clean, allergen-free environment for patients. The apartments are subject to a strict no smoking and no pets (of any kind) policy. Only service dogs are excluded from this policy.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #7: ASCF is not responsible for lost, left-behind or stolen items, or for injuries suffered or for accidents on the premises.  
 Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #8: Guest/s or family members who fail to adhere to the ASCF Housing Policy & Guest Liability Releases will have their license terminated and are subject to immediate dismissal from the housing provided and may become ineligible for future housing assistance. A Guest may have his/her license terminated and be asked to leave the apartment provided if the Guest, Caregiver, a family member, friend or other invitee fails to adhere to the Housing Policy and Guest Liability Releases.  
 Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #9: I understand that my personal information will be transmitted and stored securely via Flipcause (a third party online engagement platform used by non-profit organizations to ensure information is collected and transmitted securely).  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #10: I hereby grant A Shelter for Cancer Families (ASCF) permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. \*Accept or \*Decline.  Accept  Decline

HOUSING POLICY & GUEST LIABILITY RELEASE #11: In conjunction with this application, I agree and consent to a background check being performed on me by ASCF or its agent which may include all or some of the following: verification of information provided, confirmation of a cleared criminal background status; and obtaining such additional background information as ASCF deems necessary. To the best of my knowledge all information obtained in this application is accurate.  Accept  Decline