



To our Generous Prospective Homeowners,

Thank you for your interest in **For Pete's Sake Cancer Respite Foundation** and the possible donation of a week(s) at your vacation home for the use of an FPS patient. Our mission is to enable cancer patients and their loved ones the opportunity to strengthen, deepen and unify their relationships by creating unforgettable and lasting respite vacations. The use of your home is invaluable to our program's growth and will provide a comfortable setting for our patients and their families.

Matthew Wenger and his family traveled to Sea Isle City, NJ, last June for his respite. He shared, *"This respite gave me the break I needed – a chance to clear my mind and forget about cancer. It gave our family valuable and precious time to just be together, enjoy each other and make great memories. My outlook now is that there is still good in my life and I need to start living life again. Thank you!"*



In order that we match the needs of our patients with a stay at your home, we request that you complete the enclosed **Prospective Housing and Home Availability Forms**. Please take some time to complete the sections that request information about your favorite restaurants, activities, and things to do, as well as the specific details about your home's layout. This information is critical in assisting our program team with the scheduling of our respites.

Before any formal stay is planned, we will contact you over the telephone to confirm availability. You will then be copied on the agreement letter to the patient outlining the destination and dates of respite. When the patient returns home, you will also be provided feedback on the impact of the respite on the patient and his or her family. Should the respite be cancelled or re-scheduled due to the health of the traveling patient, we will inform you via phone as soon as possible.

Also included is a fact sheet with frequently asked questions about the respite opportunity and our certificate of insurance. Please note that our liability coverage extends to patients in your home during the respite vacation experience.

Again, thank you for your consideration! If you have any questions, please call us at your convenience. The respites we provide, with the assistance of generous people like you, strengthen the hearts, minds, and souls of young adult cancer patients and their families.

Sincerely,

Marci Schankweiler
Founder and CEO
marci@takeabreakfromcancer.org

Pam Brumbaugh
Mission Coordinator
pam@takeabreakfromcancer.org

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Open your Heart and Home to a Cancer Patient

Frequently Asked Questions



1. What is For Pete's Sake Cancer Respite Foundation?

For a young adult, a diagnosis of cancer is unbelievable and devastating. **For Pete's Sake Cancer Respite Foundation (FPS)**, inspired by the late Peter R. Bossow, Jr. and founded by his wife Marci, strengthens the hearts, minds and souls of young adult cancer patients and their caregivers by providing an expense paid respite vacation as a retreat from the unyielding physical and emotional demands of cancer and its treatment. Many young adults and their caregivers face the anxiety, suffering and financial burden that a diagnosis of cancer brings, especially at an unexpected age. For Pete's Sake Cancer Respite Foundation is a nonprofit 501 (c) (3) organization that enables many of these young adult cancer patients to experience a hopeful respite during their courageous battle. The respite vacations that FPS provides for these patients and loved ones are a peaceful way to refocus and come home refreshed, reconnected and better able to cope.

2. How are patients nominated?

To be considered for a respite, the patient must have a physician's diagnosis of cancer and be between the ages of 24-55. Preference is given to nominees who reside in Pennsylvania, New Jersey, Delaware, Maryland, and New York. Patients outside of age and geographic restrictions are evaluated on a case-by-case basis. All nominations must be made by a health care professional who is a member of the patient's oncology team. The oncology team members have had long-standing relationships with their patients during their treatment and know who could best benefit from the respite. Often the nominations speak of the courage and desperation of the patients we strive to serve. The FPS staff receives many nominations from oncology health care professionals who recognize the enormous and overwhelming difficulties with which their patients struggle and the consequential need for a respite.

Oncology staff members of the Hospital of the Penn Medicine, Temple Fox Chase Cancer Center, Jefferson Hospital, and Lehigh Valley Hospital presently serve on the FPS Patient Advisory Committee, which exercises oversight of the patient program and acts as a liaison to the Board of Directors.

3. What does the respite entail?

Depending upon the location of the respite, For Pete's Sake Cancer Respite Foundation can provide families with passes to nearby attractions or theme parks. Families can enjoy the outdoors and some "fun in the sun" as well as have the opportunity to relax and relish in the intimacy and company of their loved ones in a comfortable, secure environment. For Pete's Sake Cancer Respite Foundation absorbs expenses related to the respite itself, including associated travel costs, and also presents travelers with a generous stipend, toiletries, journals, and inspirational writings related to the journey. Upon return home, we provide each family with a photobook of the respite and provide ongoing ancillary support. This ancillary support includes Monthly lunch-bunch gatherings, an annual holiday traveler reception, holiday adopt-a-family programs providing gifts/gift cards/or money, bereavement support. Once a traveler, they are forever part of the For Pete's Sake Family.



Frequently Asked Questions - Continued



4. How does the process work if I wish to donate time at my home?

FPS could not accomplish its unique mission without the cooperation and generosity of its volunteer homeowners. While FPS has two respite homes in Florida, we also must depend upon the generosity of homeowners who donate weeks at their vacation homes in order for us to meet the patient demand. Since the inception of the organization in 2000, FPS has formed many partnerships with homeowners who donate their vacant resort homes because they believe in our mission. These partnerships have helped FPS in managing the respite expense and maximizing numbers of patients served.

We ask our homeowners to complete a Prospective Housing Form which will help us best match your home with a patient. We are grateful for any information you can provide about your favorite restaurants, activities, etc., as we provide each patient a stipend for use during the visit. Before any formal stay is planned, we will contact you over the telephone or by e-mail to confirm availability. You will then receive a copy of the confirmation letter which we send to the patient who will be enjoying the respite in your home. Further, you will receive patient feedback following the respite. We work with each homeowner individually to discuss patient key entry and facilitate this transfer via this office. All homeowners are covered under the organization's general liability policy.

A final confirmation will be sent to you 7-10 days prior to your home being occupied by our patient. If you ever have any questions, or are unsure about the use of your home, we encourage you to call our program coordinators at 267-708-0510. Additionally, respites are sometimes cancelled or re-scheduled due to the health of the patient who is traveling. If the respite needs to be cancelled or re-scheduled, you will receive a phone call from our office. We try to give as much notice as possible, but the health of a cancer patient is sometimes unstable and cannot always be predicted.

5. Who is responsible for linens, housekeeping and cleaning?

Homeowners supply bath, kitchen and bed linens. If these are not provided, we do ask for references to a local rental company that may be able to assist in providing these items. Patients are responsible for treating your home as their own, and leaving it in good condition. Housecleaning prior to and following a respite visit is normally the responsibility of the home owner.

6. Is the donation of my home tax-deductible?

Generally speaking, the donation of your home to FPS is not tax deductible. However, certain costs with your home's operation may be deductible for specific homeowners. Please consult with your accountant for more detailed information as these costs vary depending on each homeowners situation.

***Be assured that your home donation will bring joy into the life of a family devastated by cancer.
Words are inadequate to express our sincere thanks for your generosity and commitment to our mission.
For more information, or if you have questions, please call us at 267-708-0510
or e-mail pam@takeabreakfromcancer.org.***





For Pete's Sake Cancer Respite Foundation – Prospective Housing Form 2018

If you are a repeat home donor, please verify the information below is current (e.g. Bed sizes, home access information, insurance changes, etc.) and/or correct as needed.

Name and Permanent Address of Owner:	Owner's Home Phone:		
E-mail address:	Owner's Work Phone:		
Address/Phone Number of Donated Home:	Homeowner's Insurance: Y / N (Please circle one.) Insurance Carrier:		
General Description of Home: (Ranch, Colonial, Age, Side-by-Side, Duplex)	General Dates Available: (you will be contacted about specific dates)		
Number of Bedrooms /Beds & Types in Each: Sleeps how many?	Number of Bathrooms:	Location:	
	Walk in shower: Y/N		
	Seat in shower: Y/N		
Steps Into Home:	Elevator Accessibility: Y/N		
	Wheelchair Accessibility: Y/N		
Steps Within Home:	Location and Size of Porches/Decks:		
Home Owner Provides Linens & Towels: Y/N			
Access Information:			
Time of Arrival:			
Time of Departure:			
Description of Site: (water/land/view)			
Your Favorite Nearby Activities:	Washer/Dryer	Y	N
	TV with Cable	Y	N
	Receiver/CD	Y	N
	Coffee Maker	Y	N
	Outside Shower	Y	N
	Grill	Y	N
Local Hospital and Distance from Home:			

For Pete's Sake Cancer Respite Foundation – Prospective Housing Form 2018 Page 2	
Local Pharmacy w/ Phone Number:	
Your Favorite Restaurants:	
Church /Temple Locations:	
Approximate Travel Time From Philadelphia Area:	
How did you learn about FPS's program?	Please provide the estimated fair market value of a high season one week stay in your home:
Any other information we need to know about your special retreat paradise that would enhance the stay of your guest: (Use back of form if needed)	

**Please return form within two weeks to For Pete's Sake Cancer Respite Foundation,
620 W. Germantown Pike, Suite 250, Plymouth Meeting, PA 19462,
email to pam@takeabreakfromcancer.org or fax to us at 267-708-0511.**

Please call us with any questions! Our telephone number is 267-708-0510.



Home Availability Form - Specific Available Dates



Homeowner's Name: _____

Property Address: _____

Contact person and phone number: _____

E-Mail: _____

2018 Available Date Notes:

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____

July: _____

August: _____

September: _____

October: _____

November: _____

December: _____

For FPS to fill out:

Date information acquired: _____ Processed by: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hatfield Group LLC 311 Sumneytown Pike Suite 1F North Wales PA 19454-	CONTACT NAME: Ruth Ann Smith		
	PHONE (A/C, No, Ext): (215)699-6671 FAX (A/C, No): (215)699-5509		
	E-MAIL ADDRESS: rsmith@hatfield-group.com		
INSURED For Pete's Sake Cancer Respite Foundation 620 West Germantown Pike Suite 250 Plymouth Meeting PA 19462-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Trumbull Insurance Co.		27120
	INSURER B: Philadelphia Insurance Co.		23850
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Lq. Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1621852	03/07/2018	03/07/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHPK1621852	03/07/2018	03/07/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB575559	03/07/2018	03/07/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	44WECPU7468	11/06/2017	11/06/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	<input type="checkbox"/> Directors & Officers		PHSD1229576	03/07/2018	03/07/2019	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

AI 102849

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Fax: () -

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