



March 8, 2019

To our Generous Prospective Homeowners,

Thank you for your interest in **For Pete's Sake Cancer Respite Foundation (FPS)** and the possible donation of a week(s) at your vacation home for the use of an FPS patient. The use of your home is invaluable to our program's growth and will provide a comfortable setting for our patients and their families.

Marie Sander and her family traveled to Sea Isle City, NJ, last June for her respite.

She wrote to the home donors,

*"Thank you so much for donating your beautiful home for our family to use through the FPS Respite Program! We were able to get away from it all and enjoy the salt air and time with each other without the daily distractions at home."*

*With much love and gratitude,  
Marie and family*



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**. If this is your first time donating to us, **THANK YOU!** Please share information that you think would be helpful to us to matching up a family with your vacation home.

If you have previously donated your home to FPS, we are **GRATEFUL** to have you back! Please just let us know your available dates for a respite(s). We have your property's information in our database, so we would only need any updates you'd like to share about your home.

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](mailto:marci@takeabreakfromcancer.org)

Pam Brumbaugh  
Mission Coordinator  
[pam@takeabreakfromcancer.org](mailto:pam@takeabreakfromcancer.org)





## 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. 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 Penn Medicine, Temple Health, Jefferson Health, and Lehigh Valley Health Network 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 traveler engagement activities, an annual holiday traveler reception, holiday adopt-a-family programs providing gifts/gift cards/or money, and bereavement support. The Carry On Club has been established to help support the surviving spouses of travelers, with social activities and topical presentations. Our travelers become 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 many times 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 homeowner's 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](mailto:pam@takeabreakfromcancer.org).***





**For Pete's Sake Cancer Respite Foundation – Prospective Housing Form 2019**

If you are a NEW home donor to FPS, please provide the following information.  
 If you are a REPEAT home donor to FPS, please just give us any updates to your property.  
 Many thanks for helping us provide respites so families can “Take a Break from Cancer”!

Name and Permanent Address of Owner:  E-mail address:	Owner's Home Phone:  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:	
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 to share about your special retreat paradise that would enhance the stay of your guests: (Use back of form if needed)	

Please return forms within two weeks by the easiest means for you:

By Mail: **For Pete's Sake Cancer Respite Foundation**  
**620 W. Germantown Pike, Suite 250**  
**Plymouth Meeting, PA 19462**

By Email: [pam@takeabreakfromcancer.org](mailto:pam@takeabreakfromcancer.org)

By Fax: 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: \_\_\_\_\_

**2019 Available Date Notes:**

April: \_\_\_\_\_

May: \_\_\_\_\_

June: \_\_\_\_\_

July: \_\_\_\_\_

August: \_\_\_\_\_

September: \_\_\_\_\_

October: \_\_\_\_\_

November: \_\_\_\_\_

December: \_\_\_\_\_

For FPS to fill out:

Date information acquired: \_\_\_\_\_ Processed by: \_\_\_\_\_

