

# Client Agreement and Release

**To ensure the comfort and smooth operation of Miracle House, please strictly adhere to the following rules and regulations of Miracle House:**

Miracle House is strictly a lodging facility; therefore *no nursing or personal medical care services are available*. Miracle House is not licensed to provide nursing services or to medically monitor individual guests.

*Only individuals that have registered with Miracle House* and have signed this agreement may have access to the Miracle House facility and are able to spend the night. For reasons of safety, patients must have a capable companion with them at Miracle House at all times.

- *Do not enter or switch to another bedroom or bathroom that has not been assigned to you*, even if the apartment or room is empty. This is imperative as guests may arrive at anytime day or night and room assignments are carefully scheduled by our client service coordinator.
- Pets, weapons and non-prescription illegal drugs *are not allowed at any time*.
- *Smoking is not allowed* anywhere in the Miracle House apartments, even if the other guests do not object, or if you are alone.
- Violation of these rules will be grounds for immediate dismissal.

Please *be punctual* when meeting our volunteers who will accompany you to the café for breakfast or dinner. There are no takeout orders permitted while participating in our breakfast and dinner program.

Please make use of the cleaning supplies under the kitchen and bathroom sinks to *keep up with light housekeeping* in the kitchen, your bathroom and bedroom. The housekeeper only comes twice per week for heavy cleaning. This is especially important upon your final departure, so it is clean for the next guest. If something is broken or not working properly, please call the office 212-989-7790 ext. 13.

Please *use the rubber gloves and disinfectant cleaning products* located in the bathroom to clean up all bodily fluids: blood, urine, and vomit.

Please *empty your bathroom and kitchen wastebaskets daily* by taking them to the building hallway disposal area, located on your floor. Please help us *recycle*. Instructions are in the kitchen. Please *remove any perishable food you may have purchased at checkout time*.

Please *limit the use of towels* to no more than two a week unless you are able to do laundry.

Please *do not remove anything* from Miracle House. All furnishings are the property of Miracle House and have been provided for the comfort of all our guests.

*Please review our computer guidebook* before using the Miracle House computer or Internet, even if you are familiar with computers. Our apartments are equipped with wireless if you have your own laptop and wish to use the Internet.

Please be *considerate of other guests* by limiting the length of telephone calls, keeping the television volume low, limiting time in the hall bathroom (if you are sharing the bathroom) and keeping the common living space clean and tidy.

Please help us *conserve energy* by turning off all lights and appliances when leaving a room, including air conditioning and heat.

Please place your *used sheets and towels in the laundry bag* and put fresh linens back on your bed upon your final departure and leave the bathrooms as tidy as you can make them.

Please *return the key to the key box in your apartment* upon your final departure from Miracle House.

**Complete the following registration pages and mail or fax to Miracle House Office prior to your arrival. Keep pages 1 & 2 (for address and contact information) and send in pages 3 & 4. Please note that office address is different than Apartment address.**

**Miracle House  
Attention: Client Services  
80 Eighth Avenue #315  
New York, NY 10011**

**Phone: 212.989.7790 x13  
Fax: 212.367.9281**

**[www.miraclehouse.org](http://www.miraclehouse.org)**

**Address for Miracle House Apartments:  
560 W 43<sup>rd</sup> St (between 10<sup>th</sup> and 11<sup>th</sup> ave)  
New York, NY 10036**



# Client Agreement and Release *(page three)*

**Guests are required to confirm their stay 24 hours prior to their arrival. Any reservations that are not confirmed will be cancelled.**

**By signing this client registration form, I/We (print)**

Patient Name: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

**Agree to abide by the above rules and regulations of Miracle House and acknowledge and agree that:**

- (1) Neither Miracle House nor any person associated with Miracle House is responsible for lost or stolen property;
- (2) I/We have executed this release willingly and understand that by signing this release, I/We give up any right I/We may have to sue or make any claim or demand on my/our behalf or on behalf of any family member of any injuries incurred during the course of residency at Miracle House;
- (3) I/We understand and intend that this release covers all injuries, even if such injuries are a result of negligence of Miracle House or any person associated with Miracle House; and
- (4) This authorization and release constitutes the entire agreement between Miracle House and Me/Us regarding the subjects addressed in this document.

Please provide all information requested below (if additional caregivers will be arriving during a patient's visit, a separate agreement form must be signed):

<b>PATIENT</b>	<b>CAREGIVER</b>
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Contact Phone: _____	Contact Phone: _____
E-mail: _____	E-mail: _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Age: _____	Age: _____
Ethnicity (information used for grants applications only): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Ethnicity (information used for grants applications only): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Website _____ <input type="checkbox"/> Hospital Social Worker / Patient Advocate <input type="checkbox"/> Support / Informational Group _____	Relationship to patient: <input type="checkbox"/> Family <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Friend

---

Other

***Information below is for grant applications only and will remain confidential. Please help us continue our services by providing us with accurate, detailed information. Thank you.***

---

Hospital Name:

- Memorial Sloan Kettering  
 New York – Columbia Presbyterian  
 St Vincent's  
 Mt. Sinai  
 New York University  
 Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Type Of Illness:  Cancer  HIV/AIDS or related  Transplant  Other \_\_\_\_\_

If Cancer, what type \_\_\_\_\_

If Other, please specify \_\_\_\_\_

---

Reason for visit (check any that apply):

- Surgery  
 Treatment  
 Check-up  
 Clinical Trial  
 Doctor Consultation  
 Other (please name): \_\_\_\_\_

Reason for visit (please check one):

- Traveling with patient  
 Visiting patient who lives in NYC

---

Please give us some more information on why you chose to travel to NYC for medical treatment. Did you not have confidence in treatment options in your area, were treatment options not available, etc.?

---

---

---

---

**Today's Date:**

**Today's Date:**

**Date and Time of Arrival:**

**Date and Time of Arrival:**

**Estimated length of stay:**

**Estimated length of stay:**

**Signature:**

**Signature:**

---

