



Road To Hope Community Support Foundation Client Application Form

Client Name _____

Address _____

Phone _____ Email _____

Medical Treatment Chemotherapy Radiation

Frequency _____

Do you require assistance as a result of the following: Yes (Below) No

- | | |
|--|--|
| <input type="checkbox"/> Difficulty Walking | <input type="checkbox"/> Incontinence Issues |
| <input type="checkbox"/> Lack of Stamina/Endurance | <input type="checkbox"/> Memory Lapses |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Behavioral Problems |
| <input type="checkbox"/> Language/Elocution Difficulties | <input type="checkbox"/> Spatial Orientation |
| <input type="checkbox"/> Hearing Problems/Deafness | |

Do you have allergies? No Yes _____

Do you use mobility aids to assist you outside? Yes (Below) No

- Walker, Folding or Non-Folding
- Personal Aid/Escort
- Wheelchair
- Cane

Is a family member or friend available for assistance? Yes No

Emergency Contact Information:

Name _____

Phone _____

Email _____

Is there anything else that we should know?



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Collection of Information

The Road to Hope Community Support Foundation collects your personal information and health information to provide you with services, and it is used in accordance with our Privacy Policy.

In the Event of Consecutive Daily Treatments

If you require consecutive treatments, the Road to Hope Community Support Foundation can provide you with transportation to the first appointment, with return transportation after the last appointment (case specific). It is your responsibility to arrange accommodations if needed during daily/consecutive treatments.

Assumption of Risks

Use of the Road to Hope Community Support Foundations transportation services involves various risks, dangers and hazards that all users are required to assume. These risks, dangers and hazards include, but are not limited to, entering and exiting the transit vehicle, as well as travel on roadways. I voluntarily and freely assume all risks of loss, damage, injury, or death that I may sustain because of participation with Road to Hope Community Support Foundation and hereby release and discharge Road to Hope Community Support Foundation, its agents, employees, and directors from any claim or action that I may have with respect to my participation in any Road to Hope Community Support Foundation activities and or while volunteering for Road to Hope Community Support Foundation. This waiver is binding on me, my heirs, next of kin, executors, administrators, and insurers.

Client Waiver

THIS IS A RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY.

I, [REDACTED], as a registered client of the Road to Hope Community Support Foundation, making use of the services offered, do hereby agree for myself to save harmless and keep indemnified the staff and/or its directors, organizers and their agents, officials, volunteers, servants and representatives from and against all claims, actions, causes of action, costs, expenses and demands, howsoever caused, notwithstanding that the same may have been construed to or occasioned by the negligence of the said body(s), their agents, officials, volunteers, servants and representatives, which I have or at any time may have, for in respect of debt, injury, loss or damage to me arising out of or in connection with the use of the Road to Hope Community Support Foundations transportation services.

Client Signature:

[REDACTED]

Print Name:

[REDACTED]

Date:

[REDACTED]

RTH Personnel Signature:

Print Name:

Date:
