

Application for GoodHearts Foundation Transplant Housing (GFTH)

PATIENT NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ PHONE # _____

CELL PHONE # _____ FAX # _____
If you have a fax number (not needed)

EMAIL _____
If you have an email address (see fax number)

DATE OF COMMUNICATION OR CORRESPONDENCE _____

How did you hear about GFTH? _____

1. Persons who qualify to stay at GFTH must be **required by a University of Alberta Hospital Transplant Team** to stay in the Edmonton area for care. The Patient may stay at GFTH only while **required** to live in Edmonton by a **Transplant Team** while undergoing Pre or Post Transplant appointments, assessments, recovery and follow-up. The guest(s) will be required to leave the House at the conclusion of their recovery time and have been "discharged" from the Edmonton area.

- A FORMAL LETTER FROM YOUR TRANPSLANT DOCTOR , OR TRANSPLANT SOCIAL WORKER MUST BE INCLUDED WITH INITIAL APPLICATION.
- **MINIMUM LENGTH OF STAY IS 1 MONTH; MAXIMUM STAY IS 3 MONTHS. SITUATION MAY BE RE-EVALUATED IMMEDIATELY PRIOR TO THE END OF THE 3 MONTH STAY.**
- **WHAT ARE THE DATES YOU EXPECT TO LIVE IN GFTH ACCOMMODATION?**

2. check-in date _____
check-out date _____

(We understand that these dates may be adjusted pending the Transplant Team's request and patient's situation. We cannot guarantee the dates requested.)

- **FINANCIAL AGREEMENT:** Please note there is a fee for accommodations: The rent for the Suite is \$30 per night **plus** a damage deposit of \$450 to be paid at the time of check-in. **(Pease inform guest that acceptable Payment is either by cheque or cash)**

Patient is agreeable to cost and method of payment. _____ Yes _____ No

3. POTENTIAL PATIENT MUST UNDERSTAND THE POLICIES WE HAVE IN PLACE

- Patient along with a Support Person(s) must be able to care for themselves.
- No Smoking, alcohol and perfumed/scented products
- There is no medical staff on the site
- Patients along with their Support Person(s) are responsible for their own transportation.
- Support Person(s) must be 18 years of age or older.
- Maximum occupancy is 3 persons.
- Amenities — pool, exercise room — for residents only.

Patient IS APPROVED FOR ACCOMMODATION _____ YES _____ NO

GFTH Rep _____ DATE _____

DATE: _____ **Confirmation and Guest Information sent**