

Application for April 11 to 13, 2025



Weekend Respite for Women with Cancer — Complete and return to the address below by March 25, 2025

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Phone _____ Cell _____
Birth Date: ____/____/____
Email _____

Married Single Separated Divorced w/ Partner Widow

Number of children and ages _____

Employer (if applicable) _____

Do you consider yourself as having a low income? No Yes

What type of cancer do you have? _____

When were you diagnosed? _____

Are you presently undergoing Chemotherapy Radiation

If not, when did you complete treatment? _____

List your medications

If addition to cancer, specify if you have other medical conditions, including depression or anxiety.

In addition to cancer, have you experienced any significant changes or loss in the past 6 months? No Yes If yes, what?

I need transportation No Yes I can help drive No Yes

Specify any special needs, including dietary, that would be important for staff to know:

Can you easily walk up and down hallways? No Yes

Tell us what doctor to call in case of medical emergency:

Dr's Name _____ Phone _____

Name & number of person caring for your children this weekend:

Name _____ Phone _____

Name & number of **non-medical emergency contact** if other than above:

Name _____ Phone _____

Where did you hear about the program?

I understand that the Women's Respite Program and the Center of Renewal are not responsible for loss of property or personal injuries while participating in the weekend at Stella Niagara. I acknowledge that activities such as massage therapy, walking, etc. may involve certain risks of injury, and I am voluntarily participating in such activities during the weekend and assume all risks associated with my participation.

Signature: _____

Suggested donation at time of program: \$20

Send form no later than **March 25, 2025**, to
Women's Respite Program
197 Argonne Dr • Buffalo, NY 14217
OR email to womensrespite@yahoo.com