



Hope Lodge®

# Hope Lodge Request Form

125 S. Huntington Ave., Boston MA 02130  
Contact: 617-396-5500

Please complete (print) ALL fields and fax form to 617-278-1585 or email form to [HopeLodgeBostonMA@cancer.org](mailto:HopeLodgeBostonMA@cancer.org)  
To view our privacy policy, please visit [cancer.org](http://cancer.org) and click on the "Privacy Policy" link at the bottom of the page or call us at 1-800-227-2345.

Lodging Request	Requested Arrival Date:		Anticipated Departure Date:	
	Treatment Facility:			
	Additional Information/Comments:			
Patient Information	Patient Name:			
	Home Street Address:			
	City:		State:	Zip:
	Primary Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Email:
	Date of Birth:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
	Preferred Pronoun: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Another Pronoun			
	Diagnosis Date:	Type of Cancer		
	Type of Cancer Treatment:		Treatments per week:	
	Caregiver Name:	Phone:	Relation to Patient:	
	Emergency Contact:	Phone:	Relation to Patient:	
Eligibility Questions			Patient	Caregiver
	1. Does the guest need translation services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Does the guest require a service animal for a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Does the guest need a wheelchair-accessible room?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Does the guest have any infectious diseases or infectious-disease symptoms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Has the guest ever been convicted of a crime of violence, crime of domestic violence, crime against a child, crime of theft, or a crime involving illegal drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Does the guest have a civil protection order against them?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Is the guest on probation or parole?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Has the guest been required to register on the State or National Sex Offender Registry?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Information	<i>As the referring source, I have explained the American Cancer Society (ACS) guidelines and affirm that, to the best of my knowledge, the patient listed above does not have any communicable or infectious diseases or infectious-disease symptoms. I have reviewed the eligibility requirements with the patient, and I affirm that he/she meets all of these. I explained the ACS Hope Lodge services to the patient, and I have obtained express authorization to disclose this information to ACS for purposes of applicable follow up and referral to the Hope Lodge facility and future engagement with ACS.</i>			
	Treating Physician:		Referral Contact:	
	Department:	Contact Phone:	Contact Email:	
	Treating physician <u>or</u> referring contact's signature:			Date:
Patient Signature	<b>To be signed by Patient upon arrival at the Hope Lodge. If currently inpatient, mark IP until patient arrival.</b>			
	<i>I have reviewed and confirmed the accuracy of the data provided in the Patient Information and Eligibility sections on this form.</i>			
	Patient signature:			Date: