

est. 2012

GRANTING ESCAPES TO ADULTS WITH CANCER

life is  
good

NO  
MATTER WHAT.

ESCAPE APPLICATION



“So many organizations focus on research, which is wonderful, but a break from the label of cancer is what I needed.”

VICKIE, escape recipient

### HOW TO APPLY FOR AN ESCAPE

Applications for those under hospice care can be expedited when necessary. Email [info@lifeisgoodnomatterwhat.org](mailto:info@lifeisgoodnomatterwhat.org) for more information.

Life Is Good No Matter What™ (LIGNMW) is not-for-profit 501(c)(3) tax exempt organization based in Akron, Ohio. It was founded with the mission to grant Escapes to adults with an advanced cancer diagnosis.

Before you proceed any further in the application process, please read our eligibility guidelines to make sure you or the prospective applicant fits our criteria:

#### Recipient Criteria

- Recipients must have been diagnosed with advanced cancer.
- Recipients must be ambulatory and able to meaningfully participate in the Escape.
- Recipients must be 18 years of age or older (be advised that particular Escapes may involve age requirements).
- Recipients must reside in northern Ohio.
- Recipients must be unable to fulfill the request for themselves due to limited financial resources.
- Recipients must not have already been granted an experience by another dream- or wish-granting organization.
- Recipients must be able to travel within 4-6 weeks of completion of this application.

It is our goal to grant as many Escapes as possible in a calendar year based on our annual budget and fundraising efforts. Aside from monetary limitations, the following requests will not be considered:

- International travel
- Cruises
- Anything involving firearms (i.e., hunting)
- Durable medical equipment, medication, therapy, treatment or supplies
- Paying for or supplying caregivers
- Repairs, maintenance or adaptive equipment to property or automobiles
- Legal fees
- Burial or funeral arrangements
- Cash
- “Surprise” experiences where the recipient is not involved in the planning process

In order to be considered, patients must meet our recipient criteria and follow the instructions set forth in this application kit. Failure to fully complete all sections of the application will delay the ability to process a recipient's application.

## HELPFUL HINTS WHEN PLANNING YOUR ESCAPE

### Travel Tips

If you desire to travel via airline as part of your Escape, please keep in mind the following:

- You must have a valid driver's license or photo ID and a major credit card.
- We will require a form from your physician stating you are medically stable to travel.
- Escapes that require travel AND overnight accommodations may be limited to two to three nights unless accommodations are being provided by family and friends and don't require Life Is Good No Matter What to incur lodging, transportation and meal expenses beyond the agreed upon number of days.
- Life Is Good No Matter What may limit the number of family or friends accompanying the recipient via air travel due to limited resources; however, we will do our very best to accommodate your desired experience.
- Relatives or friends who wish to pay their own way to accompany the recipient must be disclosed to Life Is Good No Matter What before the experience takes place.
- All airline travel is booked in economy class. Travelers may need to be flexible regarding travel dates.

### Medical Needs

- Recipients must arrange for their own medical needs and medical assistance, including but not limited to: oxygen; medication; equipment like wheelchairs or scooters; and treatments like dialysis or nursing care, during their Escape. All of this should be prearranged through your physician before embarking on your Escape.
- Life Is Good No Matter What regrets that we cannot assist or take responsibility for any medical emergencies (ambulance transport, ER visit, hospital admission or death) that occurs during the fulfillment of an Escape. We also cannot assist with additional costs (transportation, meals and lodging) that may be incurred by family and friends due to an extended stay resulting from the recipient being hospitalized or dying.

### Realistic Expectations

- When requesting an Escape, we ask that your expectations be realistic. It may be your dream to meet Mick Jagger, but a more realistic expectation might be attending a Rolling Stones concert. We are an Ohio-based charity and we do not have connections in the entertainment industry that allow us to set up meet and greets with actors, musicians and professional athletes at this time.
- We receive applications from many different sources and the processing of your application may take some time to be reviewed. Expect to be contacted within three weeks of receipt of your application.
- We are privately funded. We receive no state, federal or grant money at this time; therefore, granting Escapes is solely dependent on the availability of funds.

If you have a question that isn't answered in this kit, please email [info@lifeisgoodnomatterwhat.org](mailto:info@lifeisgoodnomatterwhat.org).

*Application continues on the following page.*



### APPLICATION FORM

Along with your completed application, please include a current photograph taken within the last year.

**Instructions:** Please complete this form digitally or by printing and filling it out with a black or blue pen. All information is required. After completing sections 1, 2, and 3, print and sign this application wherever requested. Then, give it to your physician to complete and sign. Use the checklist on the last page to ensure everything is included. Mail this completed application, along with your photograph, to Life Is Good No Matter What™, PO Box 1267, Cuyahoga Falls, Ohio 44223.

### Section 1: Personal Information

**APPLICANT'S NAME**

**HOME ADDRESS** **CITY** **STATE** **ZIP** **COUNTY**

**MOBILE PHONE** **HOME PHONE IF DIFFERENT THAN MOBILE**

**PREFERRED EMAIL ADDRESS** **DATE OF BIRTH\*** **AGE\*\*** **ETHNIC BACKGROUND\*\***

**MILITARY VETERAN\*\***  **YES**  **NO**  **BRANCH**

**DATES OF SERVICE**

LESS THAN \$24,999

\$25,000 – \$49,999

\$50,000 – 74,000

\$75,000 – \$100,000

> \$100,000

In addition to health criteria related to Escapes, Life Is Good No Matter What™ (LIGNMW) also strives to help provide Escapes to potential recipients who might not otherwise be able to financially do so on their own. Please check a box that mostly closely matches your total household income.

### EMERGENCY CONTACT

**EMERGENCY CONTACT'S NAME** **RELATIONSHIP TO APPLICANT**

**PREFERRED EMAIL ADDRESS** **MOBILE PHONE**

**HOME ADDRESS** **CITY** **STATE** **ZIP**

\*Must be at least 18 years of age.

\*\* Demographic information is collected solely for reporting purposes to our funders and will be issued in aggregate data only. This information will NOT affect the board's decision in granting Escapes.

Application continues on the following page.

**Section 2: Escape Request**

Please select one type of experience from the following list:



**1. DESTINATION EXPERIENCE**

Travel to a favorite vacation spot or a place you've always wanted to visit.

Please provide TWO destination options:

DESTINATION OPTION 1

Why is this destination important to you?



DESTINATION OPTION 2

Why is this destination important to you?

Individuals you wish to include:

NAME	RELATIONSHIP	GENDER	DATE OF BIRTH	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**2. CULINARY EXPERIENCE**

Enjoy a fabulous meal with friends and/or family at a local restaurant or in your own home.



**3. ENTERTAINMENT EXPERIENCE**

Attend a play, performance, or concert with friends and/or family.



**4. CELEBRATION EXPERIENCE**

Enjoy a gathering of friends and/or family at your home or a local venue.



**5. ART/MUSIC EXPERIENCE**

Share an experience of creating a work of art or piece of music with friends and/or family.

For any Escape category you selected above, please share details of what you'd like to experience:

Application continues on the following page.



**Section 3: Your Story**

On this page, please tell us about you, your loved ones, your illness, and what your desired Escape will mean to you and your family and/or friends.

A large, empty rectangular area with a light beige background, intended for the applicant to write their story.

*Application continues on the following page.*



**STOP! PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**Instructions:** Complete the top half of the HIPAA form. Then print this application, sign this HIPAA release form, and give it and the medical information section to your physician to complete. If the physician maintains the original HIPAA release form, please keep a copy to include with your completed Escape application.

**Section 4: HIPAA Release Form**

Health Insurance Portability and Accountability Act: Authorization for Use/Disclosure of Protected Health Information)

<input type="text"/>	<input type="text"/>		
TO: PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICIAN'S ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>		
RE: PATIENT NAME	PATIENT'S DATE OF BIRTH		

I authorize the use and disclosure to Life Is Good No Matter What™ (LIGNMW) of protected health information about patient as described below:

**Information that may be used/disclosed:** All protected health information relating to physician's assessments of:

- whether patient is medically eligible for an Escape; and
- if so, whether his/her desired wish is medically appropriate. In addition, physician is authorized to fill out, sign and provide to LIGNMW with forms they may require.

**Persons authorized to use/disclose the information:** The physician identified above, as well as his/her authorized representatives.

**Persons authorized to receive the information:** Employees or other authorized representatives of Life Is Good No Matter What™, PO Box 1267, Cuyahoga Falls, Ohio 44223.

**Purpose for which information will be used/disclosed:** To enable LIGNMW to obtain (1) physician's assessment regarding whether the patient is medically eligible to have an Escape granted by LIGNMW and, if so, whether the requested wish is medically appropriate; and (2) any other applicable information regarding the patient's physical and emotional ability to meaningfully participate in an Escape.

**Expiration date/event:** This authorization expires once patient's Escape has been granted or if it is determined the applicant will not be receiving an Escape from LIGNMW.

**Statements required by HIPAA:** In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:

- I understand that I may revoke this authorization at any time by so notifying physician in writing, except to the extent that action has already been taken in reliance on the authorization;
- I understand that if the person/entity that receives the information described above is not a health-care provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

<input type="text"/>	<input type="text"/>	<input type="text"/>
PATIENT NAME (PLEASE PRINT)	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PATIENT REPRESENTATIVE NAME (PLEASE PRINT)	SIGNATURE	DATE



**Section 5: Medical Information**

**Instructions:** To be completed by applicant's physician upon receipt of signed HIPAA form.

<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER	FAX NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICIAN'S ADDRESS	CITY	STATE ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
PATIENT NAME	PATIENT'S DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	
PATIENT'S CANCER DIAGNOSIS	DATE OF DIAGNOSIS	
<input type="text"/>	<input type="text"/>	

Other relevant information regarding this applicant (include any life-threatening allergies, related or unrelated to the cancer diagnosis, that will affect a successful Escape experience):

I declare that I am currently treating the above named applicant for an advanced cancer diagnosis and attest that my patient is the one requesting the Escape. He or she is ambulatory, of sound mind and, in my opinion, capable of physically participating in the requested Escape.

<input type="text"/>	<input type="text"/>
PHYSICIAN'S SIGNATURE	DATE

*Application continues on the following page.*





**Section 6: Media/Publicity Release**

In order for Life is Good No Matter What™ (LIGNMW) to fulfill its mission of granting the most Escapes as possible, the organization must spread its message through public media. It is crucial to share recipients' stories via printed, media, online and other media efforts. As a result, each recipient is required to OPT IN to the Organization's Media and Publicity Release.

Please initial the following release:

**Opt in:** I agree to have my name, story and photographs shared in the media (including print and electronic, websites and social media), which may include local, state or national newspapers, radio and television. I grant Life Is Good No Matter What™ permission to photograph or videotape me for use in their publicity, marketing and advertising efforts. I understand these publicity efforts may take place now or in the future, and may include details about my medical condition, family and my Escape. I understand that I will not be further contacted to grant future permissions. This document serves as my irrevocable permission for all current and future use of my story. Each person participating in the Escape hereby releases LIGNMW from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding participants and the Escape.

**IMPORTANT:** You and your travel companions are required to sign the media release prior to their Escape. By signing below, you affirm and acknowledge that you have read this binding agreement, have retained a copy, and fully understand its terms.

<input type="text"/>	<input type="text"/>	<input type="text"/>
APPLICANT NAME (PLEASE PRINT)	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTICIPANT NAME (PLEASE PRINT)	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTICIPANT NAME (PLEASE PRINT)	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTICIPANT NAME (PLEASE PRINT)	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTICIPANT NAME (PLEASE PRINT)	SIGNATURE	DATE

*Application continues on the following page.*

**Section 7: Escape Contract**

Life Is Good No Matter What™ will be referred to as “LIGNMW” in this section.

**Instructions:** Please initial after each number to indicate that you have read and understand the terms:

1. **Awarding of Escapes.** Escapes are granted based on the compliance of the recipient with the terms and conditions set forth in this contract. The Board of Directors of LIGNMW, along with our medical advisory team, reserves the right to accept or reject requests at its discretion.
2. **Consent to release medical information.** LIGNMW may need to disclose the nature of the recipient’s medical condition to others involved in helping to fulfill an Escape. Any life-threatening allergies (related or unrelated to the cancer diagnosis) should be disclosed to LIGNMW so appropriate precautions/accommodations can be taken during the planning stages of the Escape. I hereby grant LIGNMW permission to obtain any medical information necessary from my health care team.
3. **Who may accompany recipient during Escape.** Recipients shall indicate any and all individuals accompanying recipient on a destination Escape. These individuals must be disclosed to LIGNMW prior to the Escape and also approved by the Escape Planning Team. LIGNMW will only incur expenses for friends and/or relatives agreed upon by both parties BEFORE the experience takes place. Any person planning to accompany the Recipient at his/her own expense must be disclosed ahead of time to LIGNMW.
4. **Participant waiver.** Recipient and all participants together, and each of them individually, do hereby waive any and all rights he/she/they may have or may hereafter acquire against LIGNMW, its officers, directors, agents, volunteers, contractors and employees arising out of any injury, damages, or losses suffered by the recipient, and all participants, arising out of or in any way related to LIGNMW’s preparation, execution or fulfillment of the Escape, regardless of whether such loss or harm is caused by the acts or omissions of LIGNMW or any other person. Any life-threatening allergies of either the recipient or participants should be disclosed to LIGNMW so appropriate precaution/accommodations can be taken during the planning stages of the Escape.
5. **Release of liability.** Recipient and all participants, together, and each of them individually, do hereby forever release and remise LIGNMW, its officers, directors, agents, volunteers, contractors and employees from any and all claims, lawsuits, damages, or losses of any kind or nature whatsoever arising out of or in any way related to LIGNMW’s preparation, execution or fulfillment of the Escape, any injury, damages, or losses suffered by the recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the acts or omissions of LIGNMW or any other person.
6. **Indemnity.** Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless LIGNMW, its officers, directors, agents, volunteers, contractors and employees of and from any and all losses suffered by LIGNMW, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to LIGNMW’s preparation, execution and fulfillment of the Escape, or relating in any way to a breach by recipient or any of the participants of the representations and warranties contained in paragraph 6 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys’ fees and costs incurred by LIGNMW, its officers, directors, agents, and employees in retaining attorneys of LIGNMW’s choice to defend any and all such claims, lawsuits, and actions.
7. **Related expenses.** LIGNMW agrees to be responsible for previously agreed upon expenses directly related to the fulfillment of the Escape. Should unforeseen events or circumstances arise during the Escape that are out of LIGNMW’s control, the recipient and accompanying guests understand they may be required to incur unanticipated and potentially substantial expenses. For example, should a recipient be forced to stay in a location due to inclement weather for extra days, food, lodging and incidental expenses become the...

*Item 7 continues on the following page.*



GRANTING ESCAPES TO ADULTS WITH CANCER

ESCAPE APPLICATION

...responsibility of the recipient. Should the recipient require medical assistance or hospitalization while away, he/she is solely responsible for those costs. If a recipient or loved one dies while away on an Escape, LIGNMW regrets that we will be unable to offer any assistance in this circumstance.

- 8. Guarantees and Disclosures. The LIGNMW recipient and accompanying guests guarantee that:
A. they have truthfully and fully represented the recipient's illness and current medical condition
B. they promise to notify LIGNMW should the recipient's medical condition worsen prior to embarking on Escape
C. they are willing to travel within 4-6 weeks of completion of this application
D. they are carrying full medical insurance during the fulfillment of the Escape or they assume all the personal liability associated with failing to carry adequate medical insurance
E. they understand that all necessary paperwork required by LIGNMW must be completed in full before the Escape can be granted.
9. Cancellation of Escape. LIGNMW reserves the right to cancel this agreement and withdraw its support should any of the following occur:
A. Recipient becomes medically unable to appreciate or take part in the Escape as planned
B. The Escape could endanger the recipient's health or safety
C. Circumstances or events out of the control of LIGNMW make it irresponsible or unwise to fulfill the Escape
D. The recipient provides false information or fails to comply with the terms stated in this contract. In this circumstance LIGNMW is not liable for any expenses incurred by the recipient or participants related to the expected fulfillment of the Escape.
10. Counterparts. This Agreement may be executed in counterparts, any of which shall be deemed to be an original.
11. Amendment. This Agreement shall not be modified or superseded, except by a writing executed by the parties.
12. Governing law. The laws of the state of Ohio shall govern this Agreement.
13. Binding effect. This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto, as well as the recipient's participants.
14. Severability. If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.
15. Entire agreement. This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.
16. Captions. The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

The initials in all above sections indicate my agreement to abide by all the terms in this Escape contract.

APPLICANT NAME (PLEASE PRINT) SIGNATURE DATE

See application checklist on the following page.



### COMPLETED APPLICATION CHECKLIST

Please use this list to ensure that you are submitting a Life Is Good No Matter What™ completed application kit for consideration. Please keep in mind if any of these items are missing, the processing of your application will be delayed.

If you have any questions prior to submission, please contact us at [info@lifeisgoodnomatterwhat.org](mailto:info@lifeisgoodnomatterwhat.org).



**Section 1: Personal Information**



**Section 2: Escape Request**



**Section 3: Your Story**



**Section 4: HIPAA Release Form** (completed and signed by you)



**Section 5: Medical Information** (completed and signed by your physician)



**Section 6: Media/Publicity Release** (signed and dated with opt-in by all participants)



**Section 7: Escape Contract** (initialed in all places where indicated)



**Attachment: A current photograph taken within the last year**

Please mail completed application to:

**LIFE IS GOOD NO MATTER WHAT**  
**PO BOX 1267**  
**CUYAHOGA FALLS, OHIO 44223**