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127 E Chestnut Street
West Chester, PA 19380

NATIONAL WELLNESS PROGRAMS APPLICATION 2023-2024
Applicant Information (Please Print)

Unite for HER offers two Programs: **Wellness Survivorship Program and Wellness Passport Program.** Our programs are for those who have experienced breast or ovarian cancer and are interested in learning more about supportive resources.

Please Note: Acceptance into our programs is limited based on availability of grant funding. All applications will be reviewed based on available funding as they come in and your Wellness Program Manager will provide an update of your application status to let you know which Wellness program you qualify for.

Last Name: ______________________________ First Name: ______________________________

Date of Birth: ____

Email Address: ____

Address: ____

City/State/Zip: ____

Phone: Cell (   ) ______________________ Other: (   ) ______________________

Date of Diagnosis: ____ Triple Negative Diagnosis? (Y/N)

Hospital Name: __________________________________ Doctor Name: _____________________

How did you hear about Unite for HER?

☐ Medical Team ☐ Social Media ☐ Friend/Family ☐ UFH Provider ☐ Other: ________________

Please select your diagnosis:

☐ Breast Cancer Stage 0 (DCIS)
☐ Breast Cancer Stage 1-3
☐ Breast Cancer Stage 4 or Metastatic (Outside of Breast/Lymph Nodes)
☐ Ovarian Cancer Stage 1-3a
☐ Recurrent Ovarian Cancer or Stage 3b or Higher

Are you currently participating in a clinical trial for treatment of your breast/ovarian cancer? ☐ Yes ☐ No

Check box if you have already received a Unite for HER Care Box from your medical provider: ☐
Marca la casilla si ya has recibido una Caja de Cuidado Unite for HER de tu proveedor médico: ☐

¿Habla espanol? ☐ Sí ☐ No
Selecciona "sí" si deseas que los materiales de tu caja de cuidados estén en español.

If accepted into the **Wellness Passport Program,** you will receive an email from a Unite for HER Wellness Team member asking you to select from one of our upcoming virtual Wellness Orientations. These events are to provide education on the services we offer, how they can help support you, and how you can access them.

By completing this application, you agree to share your information with Unite for HER and wish to be considered for a Wellness Program, and that Unite for HER may use your email and cell phone number to send communication about services and/or events.

Applicant's signature ______________________________ Date: ____________________

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Liability Release Form
Thank you for joining the Unite for HER Wellness Program through your hospital.

This release is intended to discharge in advance Unite for HER, **your hospital**, its employees, agents, servants and other sponsors and promoters from and against any and all liability arising out of or connected in any way with my participation in this program. I hereby irrevocably and forever waive, release and discharge Unite for HER, **your hospital** and all of its employees, agents, servants and other sponsors and promoters of said event from any and all claims, suits and liability for damages, for death, personal injury or property damage.

I understand that participation follow up appointments with complementary therapy providers have inherent physical risks. In consideration of the free services, including but not limited to yoga/meditation, acupuncture, massage/Reiki, and nutrition, I hereby release Unite for HER of all liability. The providers and services provided through Unite for HER participants are rendered without warranty of any kind, either expressed or implied, including, but not limited to, the implied warranties of fitness for a particular purpose or treatment results. These services are not provided in lieu of medical advice and you should always consult with your physician regarding any medical questions you any have.

In no event shall Unite for HER and **your hospital** be liable for any damages whatsoever caused by provider actions or negligence, including special, indirect, consequential or incidental damages, or damages for physical or emotional trauma, or loss of profits or revenue, arising out of or connected with any Unite for HER provider treatment or services. I acknowledge my name and contact information will be provided to the Unite for HER providers for outreach and appointment scheduling purposes only, and that no information related to my treatment, or any other confidential information will be shared.

____ ________________
Signature Date

Publicity Release Form
I hereby grant Unite for HER permission to use my name, likeness or any feedback provided in a photograph, audio, video or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Unite for HER. I hereby irrevocably authorize Unite for HER to edit, alter, copy, exhibit, publish or distribute this digital reproduction for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my name, likeness, audio, video, or any feedback provided appears. I hereby hold harmless and release and forever discharge Unite for HER from all claims, demands, and causes of action which I, my representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate *have* or may *have* by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I *have* read this release before signing below and I fully understand the contents, meaning, and impact of this release.

____ __________________
Signature Printed Name Date

Unite for HER Demographic Survey

1. How do you self-identify?

☐ Asian/Asian American
☐ Black/African American
☐ Hispanic/Latina/Latino/Latinx
☐ Native American/American Indian
☐ White
☐ Multi-racial/Multi-ethnic (2+ races/ethnicities)

2. Please select your gender:

☐ Female
☐ Male
☐ Gender neutral
☐ Non-binary
☐ Gender non-conforming
☐ Trans woman
☐ Trans man

3. What is your place of employment?

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