

Angel Clean by Green Darlene®

Guidelines

Service Area

- Patients must be living in the seven county metro area of Minnesota. The counties include Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

Program Requirements

- Patient must have a cancer diagnosis and be in active treatment. Active treatment includes chemotherapy, radiation, bone marrow transplant, surgery, hospice, or palliative care.
- Patient must be 18 years or older.
- The Medical Information Form must be signed by a social worker, Oncologist, or Oncology Nurse to confirm the diagnosis.
- Patient must sign the application at the bottom of page 1 and the release at the bottom of page 2.
- Patient will receive a single cleaning free of charge, but may choose to continue the cleaning service and receive a discounted rate for any subsequent cleanings.

Eligible Requests

- Angel Clean by Green Darlene approves requests for basic cleaning needs, such as bathrooms, kitchens, bedrooms, living room, dining areas, front entry, and floors.

Ineligible Requests

- Angel Clean by Green Darlene does not approve requests for laundry, changing bed linens, windows, basements, attics, any exterior surface or any area that requires more than a step stool.
- Houses with a history of smoking (first- or second-hand) are not eligible for a cleaning.

Process

- Mail applications to:
Green Darlene, Inc.
9705 45th Ave. No.
Plymouth, MN 55441
- Applications must be signed by a Social Worker, Oncologist, or Oncology Nurse.
- Application and release must be signed patient.
- All information submitted will remain confidential.

Angel Clean by Green Darlene[®]

Date: _____
Patient Name: _____
Date of Birth: _____
Address: _____
County: _____
Email: _____
Phone: _____
Oncology Clinic: _____
Diagnosis: _____
How did you hear about this service?: _____
Preferred Days: Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___
Do you have any pets? Y ___ N ___ If yes, what type? _____

The Angel Clean by Green Darlene program is available to cancer patients who are currently undergoing treatment and are in need of additional help cleaning their homes. Please inform us in the space below why you are in need of assistance from Angel Clean by Green Darlene. The more detailed the information provided, the better we can understand the need. This form will be reviewed and you will be notified of a cleaning time via phone or email.

Signature: _____

For Angel Clean by Green Darlene Use Only

Approved _____ Declined _____ Hours Granted _____ Date Approved _____
Date Scheduled _____ Time Scheduled _____

Angel Clean by Green Darlene®

MEDICAL INFORMATION FORM

Date: _____

Patient Information:

First Name: _____ Last Name: _____

Birth Date: _____

Diagnosis: _____

Date of Diagnosis: _____

Current Treatment: (CHECK ALL THAT APPLY):

Chemotherapy

Date of last treatment: _____

Radiation

Date of last treatment: _____

Hospice

Date entered: _____

Palliative Care

Date entered: _____

Bone Marrow Transplant

Date of transplant: _____

Other

Date: _____

TO BE SIGNED BY SOCIAL WORKER, TREATING ONCOLOGIST, OR ONCOLOGY NURSE ONLY

I attest the patient has cancer and is currently being treated as stated above

X _____

Angel Clean by Green Darlene®

Service Requested

Please indicate your preference of services in order of 1 - 5 (1 being the highest priority and 5 being the lowest). Angel Clean by Green Darlene will get to as many of the areas as possible in the allotted time.

___ Bathroom 1 - 2 (2 bathrooms is the maximum amount)

___ Kitchen

___ Bedrooms 1 - 2 (2 bedrooms is the maximum amount)

___ Living/Family Room

___ Other: _____

Below please list any comments or special instructions that would be helpful for Angel Clean by Green Darlene to know.

Release

In consideration for the acceptance as a participant in the Angel Clean by Green Darlene program and with the understanding that my participation in this program is only on condition that I enter into this agreement, for myself, my heirs, and my assignees, I hereby assume the inherent and extraordinary risks involved in the Angel Clean by Green Darlene and any risks inherent in any other activities connected with this program in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries, including death and accidents which may occur as a result of my participation in this program and release from liability Green Darlene, Inc. and their families and other event sponsors and anyone else involved in the planning of this program. I hereby waive any claim I may have hereafter as a result of my participation in the Angel Clean by Green Darlene program and in any other activities connected with this event in which I voluntarily participate. I hereby agree to indemnify all claims, including attorneys' fees and cost which may be brought against the above parties by anyone claiming to have been injured as a result of my voluntary participation in the Angel Clean by Green Darlene Program.

"I have read and understand the above statement"

Signature

Date