

SILVER BAY YMCA

Cancer Respite Program



CANCER RESPITE PROGRAM

Silver Bay YMCA offers a program of respite for individuals and their families who have recently been diagnosed with and are currently undergoing treatment for cancer.

As part of Silver Bay YMCA's mission to have a positive impact on our community, Silver Bay is pleased to offer the Silver Bay YMCA Cancer Respite Program, which supports patients who are actively being treated for cancer. By providing temporary respite to patients and their immediate families, this program gives individuals the opportunity to reconnect with their loved ones and enjoy a reprieve from the stresses and financial challenges associated with a battle against cancer.

FOR MORE INFORMATION OR QUESTIONS, PLEASE CONTACT:
respite@silverbay.org or 518-543-8833 Ext.200

THIS PROGRAM IS FUNDED BY GENEROUS DONORS WHO GIVE TO THE FUND FOR SILVER BAY

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ENJOY ALL SILVER BAY YMCA HAS TO OFFER!

Through the Cancer Respite Program, families can enjoy a stay at Silver Bay at no cost for up to six nights and seven days anytime throughout the year. Spend quality time with your family, experience the natural beauty and calming effect of Silver Bay, and go home feeling refreshed, renewed and inspired!

Our programming changes with the seasons. In the spring you can enjoy the beauty of nature awakening at the Bay, in the fall you can enjoy a nice campfire and beautiful hikes, and in the winter you can enjoy sledding and snowshoeing on our open trails! Summer is our busiest season, with all kinds of activities available. Check out some of our activities below:

- Archery
- Beaches / Swimming*
- Boat Tours*
- Campfires
- Canoes, Kayaks and Paddleboards*
- Children's Programs*
- Climbing Wall
- Craft Shop
- Disc Golf
- Fitness Center
- Hiking Trails
- Ice Cream Store
- Library
- Nature Center *
- Pickleball
- Sailing*
- Spiritual Life
- Tennis
- Watercolor Classes*

*Summer only activities

ABOUT SILVER BAY

Silver Bay YMCA's 700-acre campus, located along one mile of Lake George shoreline in Silver Bay, N.Y., offers programs for all ages and is consistently ranked one of the top ten family reunion sites in the country. Founded in 1902, Silver Bay YMCA is also on the National Register of Historic Places and boasts several beautiful historic buildings around campus, all with gorgeous views of Lake George and the surrounding mountains.



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POLICIES AND PROCEDURES

Because Silver Bay YMCA's Cancer Respite Program is a 100% donor-funded program, we have implemented the following policies and procedures in order to best serve those who are in greatest need of the rest and renewal provided by the Cancer Respite Program.

ELIGIBILITY

To participate in the Cancer Respite Program, the participant must meet one of the following criteria:

- Be a patient currently undergoing treatment for cancer.
- Be within twelve months of completion of treatment for cancer.

PARTICIPATION

1. To participate in the Cancer Respite Program, individuals must provide the following:
 - A completed Cancer Respite Program application.
 - A referral completed by a healthcare professional, caseworker, or clergy member who is providing treatment or consultation for someone who meets the above eligibility. (See attached form.)
2. All required documentation must be submitted to Silver Bay YMCA to begin the reservation process.
3. Individuals approved to participate in the Cancer Respite Program may bring immediate family, defined as partners or spouses and/or children up to the age of 26 living within your household as their primary residence. Single people may bring one guest or immediate family member.
4. Participation in the Cancer Respite Program is a one-time opportunity. Individuals who have previously stayed at Silver Bay YMCA through the Cancer Respite Program can only reapply if they receive a new diagnosis and must submit a new application.



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ACCOMMODATIONS AND RESERVATIONS

1. Once approved to participate in the Cancer Respite Program, participants are provided with a free stay at Silver Bay YMCA, which covers all reservation costs, meals served in the Dining Hall, and access to Silver Bay YMCA activities and programs available to guests.
2. This respite program books one reservation per month of the year.
3. Participants may book up to 6 months in advance of their requested arrival date.
4. Accommodation is based on availability and on a first-come, first-served basis. Summer months have limited availability. Silver Bay YMCA will assign accommodations for the participants' preferred dates of stay based on availability. Should no accommodations be available during the preferred dates, Silver Bay YMCA will work with the participant to find dates and accommodations that are agreeable to both parties.
5. In the non-summer months, each visit may last a minimum of 2 nights to a maximum of 6 nights, any days of the week.
6. During the summer season, reservations can be booked for 2 to 4 nights only, Sunday through Thursday (departure day). Two weeks before your arrival, if the two days on either side of your stay in your booked room are available, you can request to add 1 to 2 nights for a discounted rate.
7. Please provide up to 3 preferred date options.
8. Participants will be responsible for any additional charges that are not covered by their reservation, including but not limited to: Silver Spirit tours, gift shop purchases, additional meals, craft shop purchases, and purchases made at The Store.
9. Stays with the Cancer Respite Program may not be used in conjunction with a conference or group stay.
10. Check-in begins at 4:00pm. Check-out is by 10:00am.

MODIFICATION POLICY

Silver Bay YMCA understands that participants may need to cancel or reschedule their reservation to stay at Silver Bay YMCA. The following cancellation policy applies for participants in Silver Bay YMCA's outreach programs.

11. Silver Bay YMCA cannot guarantee any requested changes.
12. Changes to a reservation must be done no less than 14 days prior to the check-in date.
13. Exceptions may apply to this policy in extraordinary circumstances.

OTHER POLICIES AND PROCEDURES

1. Participants must arrange their own transportation to and from Silver Bay YMCA.
2. If the participant will be arriving early or late on the day of check-in, we ask that they notify the front desk at 518-543-8833 ext. 219.
3. Outreach program stays are non-transferable. Unused portions of the stay may not be redeemed at another time. There is no cash value.
4. Participants must adhere to all Silver Bay YMCA policies and guidelines throughout their stay. Failure to do so may result in the termination of their stay.
5. Other restrictions may apply. Terms and conditions may change with or without notice.

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CANCER RESPITE PROGRAM APPLICATION

Contact Information for Cancer Respite Applicant

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contact Information for person responsible for communication with Silver Bay

☐ Applicant ☐ Other - Relationship to Applicant: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Family Members - Please list all guests joining the applicant during the stay.

First & Last Name/Relationship/Age

First & Last Name/Relationship/Age

RESERVATION DATES - Please indicate your preferred dates. Preferred dates are not guaranteed.
Check in begins at 4:00 p.m., check out is by 10:00 a.m.

Choice 1: Arrival: _____ Departure: _____

Choice 2: Arrival: _____ Departure: _____

Choice 3: Arrival: _____ Departure: _____

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Please complete the sections below as they apply to you. It is important for Silver Bay YMCA to know in advance how to accommodate our guests so that we can give you the best experience possible during your stay with us. Your answers are not mandatory and will not affect your application consideration.

Do you or anyone in your family require any accessibility accommodations, such as walk/roll-in shower, shower chair, ramp and elevator use, and/or assistance when walking longer distances?

☐ No ☐ Yes (Please explain what you will require when staying with us.)

Do you or anyone in your family have additional needs that should be considered when making your reservation? This can include needed equipment such as a refrigerator or microwave and certain accommodations for differently abled individuals, those with PTSD, individuals using oxygen tanks, or those with sleep disorders.

☐ No ☐ Yes (Please explain what you will require when staying with us.)

Will you need a pack-n-play, cot, separate beds for couples, or any other helpful items to consider?

☐ No ☐ Yes (Please explain what you will require when staying with us.)

Will you be bringing an ADA Certified Service Animal with you for your stay at Silver Bay?

☐ No ☐ Yes

Would you like to meet with staff from the Spiritual Life Department during your stay for Spiritual Direction or counseling? ☐ No ☐ Yes

Have you applied to this program in the past? ☐ No ☐ Yes

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How did you hear about the respite program?

Please remember to include all required documentation with this completed application to begin the reservation process.

By signing below, you agree to the policies and procedures of this program and that you have provided Silver Bay YMCA with up to date and accurate information on your application.

Signature: _____ Date: _____

Application Process

Please email or mail your application to respitesilverbay.org or
Silver Bay YMCA - Attn: Respite - 87 Silver Bay Road - Silver Bay, NY 12874

If you have any questions about the application or the reservation process, please contact
518-543-8833 Ext. 200 or respitesilverbay.org.

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REFERRAL FORM FOR THE CANCER RESPITE PROGRAM

As part of Silver Bay YMCA's mission to have a positive impact on our community, Silver Bay is pleased to offer the Silver Bay YMCA Cancer Respite Program, which supports patients who are actively being treated for cancer. By providing temporary respite to patients and their immediate families at no cost, this program gives individuals the opportunity to reconnect with their loved ones and enjoy a reprieve from the stresses and financial challenges associated with a battle against cancer.

This form is to be filled out by one of the following: a healthcare professional, caseworker, or clergy member who is providing treatment or consultation for someone actively undergoing treatment or within twelve months of completion of treatment for cancer. Please have the professional send in this referral page.

I, _____ recommend _____
(print name) (print name)

to participate in the Silver Bay YMCA Cancer Respite program.

Signed: _____ Date: _____

Contact Information of the Professional Referring the Individual

Title: _____

Organization: _____

E-Mail: _____ Phone: _____

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