

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:
Reservations at reservations@silverbay.org or 518-543-8415

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

*Summer only activities

ABOUT SILVER BAY

Silver Bay YMCA's 700 acre campus, located along one mile of Lake George shoreline in Silver Bay, NY, 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 including the Inn, built in 1899. Its new William Boyd Center features 22 modern, air-conditioned rooms, ample conference space, a spacious dining room, and more amenities, 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, one must meet 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 actively undergoing treatment of cancer.
2. All required documentation must be submitted to the Silver Bay YMCA Development Office at least 30 days before the preferred dates of stay.
3. Individuals approved to participate in the Cancer Respite Program may bring immediate family, defined as partners or spouses, parents and/or children.
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 are not permitted to reapply.

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. Each visit may last from a minimum of 2 nights to a maximum of 6 nights.
3. Accommodations are based on availability and on a first-come, first-served basis. Silver Bay YMCA will assign accommodations for the participant's 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.
4. Participants may book up to 6 months in advance. If a participant chooses not to book a reservation upon approval, their application will be valid for up to 6 months. A new application will be required to participate after 6 months of submitting the original application.
5. 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.
6. Cancer Respite Program stays may not be used in conjunction with a conference or group stay.

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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.

1. Changes to the reservation must be done no less than 14 days prior to check-in date.
2. Silver Bay YMCA cannot guarantee any requested changes.
3. Any cancellation less than 14 days prior to check-in date will require a 3 month wait before rebooking.
4. 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, they must notify the front desk at 518-543-8833 ext. 219.
3. Outreach program stays are non-transferrable. There is no cash value.
4. Participants must adhere to all Silver Bay YMCA policies and guidelines throughout their stay, a copy of which is available upon check-in. Failure to do so may result in 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

Family Contact Information

Please provide the contact information for the family member responsible for communication with Silver Bay.

Title: _____ First Name: _____ M.I.: _____ Last Name: _____

Street Address/P.O. Box: _____

City, State, ZIP: _____

Phone: _____ Email: _____ Age: _____

Name of the person who referred you to the Cancer Respite program: _____

The referring individual is associated with the following organization: _____

Phone Number: _____ Email: _____

Family Members

Please list all family members participating in the Cancer Respite Program. Per the terms and conditions of this program, approved participants may bring their immediate family. Single persons may bring one guest or immediate family member.

First Name	Last Name	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate your preferred dates. Preferred dates are not guaranteed.
Check in is 4:00 p.m., check out is 10:00 a.m.

Check In Date: _____ Check Out Date: _____

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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, ramp and elevator use, and/or assistance when walking longer distances?

Yes No

If yes, please explain what you will require when staying with us:

Do you or anyone in your family have additional things 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.

Yes No

If 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?

Yes No

Do you or anyone in your family have any dietary restrictions? All food allergies, vegetarian/vegan preferences, and soft/pureed food only diets should be noted in this section.

Yes No

If yes, please explain what you will require when staying with us:

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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 mail or email your application to Silver Bay YMCA at reservations@silverbay.org or
Attn: Reservations - Silver Bay YMCA - 87 Silver Bay Road - Silver Bay, NY 12874

**If you have any questions about the application or the reservation process,
please contact the Reservations at 518-543-8415.**

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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.

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: _____