

BEAUTY BUS APPLICATION FOR IN-HOME BEAUTY & GROOMING SERVICES



Beauty Bus Foundation
2716 Ocean Park Blvd., Suite 1062
Santa Monica, CA 90405
phone 310.392.0900 | fax 310.392.0907
www.beautybus.org

APPLICATION FOR IN-HOME BEAUTY & GROOMING SERVICES

ABOUT US: The Beauty Bus Foundation is dedicated to enhancing the quality of life for chronically or terminally ill people and their caregivers by bringing beauty into their lives. Beauty Bus provides in-home beauty and grooming services, free of charge, to men, women, and children whose illness or condition prevents them from accessing a salon or spa. Beauty Bus strives to empower our clients, help them maintain dignity, and give them respite during difficult times.

ELIGIBILITY: Beauty Bus provides in-home services to individuals who are otherwise unable to access a salon or spa due to the following diseases or conditions: ALS (Lou Gehrig's Disease), Cancer, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Spinal Cord Injuries, Stroke, and other select Neuromuscular and Motor Neuron Diseases. Beauty Bus services are available to individuals who live in the Los Angeles area.

APPLICATION PROCESS: Applicants are required to submit the following documents: (1) Application for In-Home Beauty & Grooming Services, (2) Health Disclosure Authorization; and (3) Medical Provider Release. Once all documents have been submitted, Beauty Bus will confirm eligibility. Beauty Bus will contact eligible individuals to schedule a visit upon receiving the application.

ABOUT IN-HOME BEAUTY SERVICES: Trained and licensed beauty professionals, as well as professional makeup artists, perform each service and are accompanied on each home visit by another Beauty Bus volunteer, the Beauty Buddy. The Beauty Buddy will present each client and caregiver with a release that must be signed before the service begins. Each service lasts approximately one hour. If there is a caregiver, he or she must be present and available during the client's Beauty Bus visit.

Clients may receive 4 complimentary visits per 12-month period. To receive more than 4 services, Beauty Bus asks that the client make a personally meaningful donation so that we can continue to serve those in need. After every visit we leave clients and caregivers with a "Bag of Beauty" so the pampering continues.

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Today's Date: _____

APPLICANT INFORMATION

First Name Middle Initial Last Name

Mailing Address

City State Zip Code

() _____ () _____
Home Number Work Number

() _____ () _____
Cell Phone/Pager FAX

Applicant's Email Address: _____

Date of Birth: _____ Sex: ___ Male ___ Female

Applicant has one of the following diseases or conditions: (please check)

- _____ ALS (Lou Gehrig's Disease) _____ Cancer
- _____ Muscular Dystrophy _____ Parkinson's Disease
- _____ Spinal Cord Injuries _____ Stroke
- _____ Multiple Sclerosis
- _____ Other Neuromuscular and Motor Neuron Disease (Please specify):

Does the applicant's illness or condition prevent the applicant from being able to access a salon or spa? ___ Yes ___ No

Please explain: _____

Does applicant have any allergies to beauty products or any allergies that might be affected by In-Home Beauty Services? ___ Yes ___ No

If Yes, please explain: _____

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Is there anything else that we should be aware of that might affect Beauty Bus's ability to provide In-Home Beauty Services to the applicant?

Does applicant have any pets at home? ____ Yes ____ No

If Yes, please list: _____

Does anyone smoke in the applicant's home? ____ Yes ____ No

Beauty Bus recognizes the sensitivity of visiting homes and wants to be sure that everyone is safe and comfortable.

How does the applicant react to new people in new situations?

Has the applicant had violent episodes of the type that might be triggered by the provision of in-home beauty services?

Are there any concerns about the applicant's harming himself/herself or others, especially given that Beauty Bus volunteers bring professional tools, including but not limited to cutting shears, scissors, clippers and files?

How did the applicant learn about Beauty Bus? _____

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CAREGIVER INFORMATION (IF APPLICABLE)

First Name Middle Initial Last Name

Mailing Address

City State Zip Code

() _____ () _____
Home Number Work Number

() _____ () _____
Cell Phone/Pager FAX

Caregiver's Email Address: _____

Date of Birth: _____ Sex: ___ Male ___ Female

Relationship to Applicant: _____

Does the caregiver have any allergies to products or any allergies that might be affected by In-Home Beauty Services? ___ Yes ___ No

If Yes, please explain: _____

Is there anything else that we should be aware of that might affect Beauty Bus's ability to provide In-Home Beauty Services to the caregiver?

SERVICES REQUESTED

Applicants and Caregivers who are eligible for In-Home Beauty Services can request specific beauty services. At each visit, Beauty Bus can perform two services – one for the client and one for the caregiver. Only one type of beauty service can be offered per in-home visit.

Please rank beauty services in order of preference (1 being first choice, 5 being last choice). Only rank services that you want or are able to receive.

- _____ Haircut, Styling and/or Blow Dry (no hair washing, no color, no perms)
- _____ Mini Facial Treatment(no waxing or extractions)
- _____ Makeup Application
- _____ Spa Manicure/Men's Manicure
- _____ Spa Pedicure/Men's Pedicure

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Clients can determine when to use their four beauty treatments throughout the year and which treatments to receive at each visit, subject to volunteer availability.

In accordance with applicable Board of Barbering and Cosmetology regulations, Beauty Bus regrets that we are unable to provide services to individuals experiencing the following infectious conditions: nail or toenail fungus, cold or flu symptoms, strep throat, pink eye, whooping cough, chicken pox, mumps, tuberculosis, skin infections, head lice, crabs or other similarly infectious disease. Out of a concern for the safety of our volunteers and other clients, prior to scheduling an appointment, Beauty Bus will ask clients to confirm that they are not currently experiencing any of these conditions.

CONFIRMATION

I/we confirm that I/we understand the requirements for Beauty Bus's In-Home Beauty Services, including that the applicant cannot access a salon or spa due to a disease or condition serviced by Beauty Bus, and represent that I/we qualify for these services.

APPLICANT CONFIRMATION

Print Applicant Name: _____

Applicant (or Guardian's) Signature: _____

Print Guardian's Name and Relation (if not signed by Applicant):

Date: _____

CAREGIVER CONFIRMATION (IF APPLICABLE)

Print Caregiver Name: _____

Caregiver Signature: _____

Date: _____

**Please return completed application form to Beauty Bus Foundation
via one of the following:
Mail: 2716 Ocean Park Blvd., Suite 1062, Santa Monica, CA 90405
Fax: 310-392-0907
Email: beauty@beautybus.org**