

Eisai Magnolia Meals at Home

General Information

Magnolia™, Eisai Women's Oncology Program, embodies the Eisai *human health care (hhc)* mission of placing patients at the center of everything we do. Eisai's *hhc* mission states that "We give first thought to patients and their families and to increasing the benefits health care provides."

Magnolia *Meals at Home* is an exciting initiative, developed to help meet the evolving needs of patients living with breast cancer and their families. Through a partnership with *CANCERCARE*, Cancer Support Community, and Meals On Wheels Association of America, Magnolia *Meals at Home* provides meals that are nutritionally geared toward patients living with breast cancer and their families. The goal of the program is to ease the stress of daily living, so that patients can enjoy shared moments with loved ones.

- A pilot of Magnolia *Meals at Home* will launch in 2 locations: Woodcliff Lake, NJ, and Andover, MA
- Patients who live within a predefined area of approximately 20 to 25 miles of these 2 locations are eligible to enroll
 - They may sign up once to participate in the initial offering of the program, which will run for 6 months
- Meals will be delivered once a month and will include up to 7 meals for the patient and 10 meals for family members

The enrollment process is simple and direct

- Patient's name and relevant contact information is provided by our advocacy partner to Meals On Wheels through the online enrollment system
- Meals On Wheels will call the patient to schedule a delivery
- Someone at the delivery address must be home to receive the meals
- An optional survey, along with brochures on support programs and other educational materials, will be included with meal deliveries

Meals will be delivered by Meals On Wheels and frequently accompanied by an Eisai volunteer.

(Please check the appropriate choice[s] below)

YES, patient is interested in participating in Magnolia *Meals at Home*. See completed form on reverse side.

Referring Advocacy Organization

(Please check one)

- CANCERCARE*
- Cancer Support Community

NO, patient is not interested in participating in Magnolia *Meals at Home* because:

- Has a strong support network
- Deliveries aren't frequent enough
- Concerned about the Meals On Wheels delivery vehicle showing up at their home
- Other _____

CANCERCARE

Kathy Nugent, LCSW • *CANCERCARE*
141 Dayton St. • Ridgewood, New Jersey 07450
Phone: 201-301-6809
Toll-free: 1-800-813-HOPE ext. 6809
knugent@cancercare.org

Cancer Support Community

Julie Taylor • Cancer Support Community
1050 17th Street, NW • Suite 500 • Washington, DC 20036
Phone: 434-384-0247
Toll-free: 1-888-793-9355
jtaylor@cancersupportcommunity.org



hhc
human health care



Application for Eisai Magnolia Meals at Home™

Date _____ Week delivery should begin _____

The patient listed below is a recommended candidate for Magnolia Meals at Home

1. Referring social worker/health care professional contact information

Name _____ Phone (_____) _____ E-mail _____

2. Patient name _____ Phone (_____) _____
Address _____ E-mail _____

Secondary contact

Name _____ Relationship to patient _____ Phone (_____) _____

3. Primary caregiver relationship to patient

Parent Sibling Child Friend Private nurse/health care professional Other _____

4. Patient information

Gender of patient Female Male

Date of diagnosis _____ Primary diagnosis _____ Current stage of breast cancer _____

New diagnosis Recurrence Is patient in active treatment? Yes No

Please indicate type of treatment(s) received in the past 3 months (check all that apply)

Chemotherapy Radiation Surgery Other _____

5. Patient health status meets one of the following criteria*† (check all that apply):

Metastatic breast cancer (MBC) or breast cancer patient currently undergoing chemotherapy or radiation therapy

MBC or breast cancer patient who underwent chemotherapy or radiation therapy in the past 3 months

MBC or breast cancer patient who has been discharged from a hospital (admission was cancer related) in the past 3 months

Breast cancer patient who is receiving adjuvant or neoadjuvant treatment

6. Verification of patient health status

Physician note attached

Contact physician directly Physician's name _____ Phone (_____) _____

7. How would members of the household best like to be contacted?

Phone (_____) _____ E-mail _____ Other _____

8. How did the patient hear about Magnolia Meals at Home?

Advocacy organization News or other publication Physician Nurse Other _____

9. Patient consent

I agree to participate in the Magnolia Meals at Home Program as described above. I understand I have certain rights to privacy regarding my protected health information as set forth under the Health Insurance Portability Accountability Act of 1996 and all regulations promulgated under the Act (HIPAA). I understand by signing this consent that I am authorizing my protected health information to be disclosed to carry out the program. I can revoke this consent, terminate my enrollment or receive a copy of this form at any time. I also understand that Eisai reserves the right to terminate the program at any time without notice. The program is not meant to provide medical advice. I will consult with my physician or other health care provider as to my personal medical needs prior to participating in the program.

Signature _____

*This can include men or women diagnosed with breast cancer.

†This should not include patients solely on hormone therapy.

Magnolia™ and Magnolia Meals at Home™ are trademarks of Eisai Inc.

