

CLIENT INFORMATION – CLIENT OR CAREGIVER MUST BE A HOWARD COUNTY RESIDENT

Last Name		First Name		Date
Street Address				
City		State	ZIP	
Phone		E-mail Address		
DOB		HT:	WT:	

NAME OF PERSON SIGNING OUT EQUIPMENT (IF DIFFERENT)

Last Name		First Name		Relationship
Street Address				
City		State	ZIP	
Phone		E-mail Address		

INCOME OF PERSON USING THE EQUIPMENT

Please circle family size and place a check mark in the box to the right of family size that indicates your total family income. In answering this question, include income sources that you would report on your Federal income tax form

Family Size	Total Family Annual Income (Effective 05/14/16)			
1	<input type="checkbox"/> \$0 - \$18,200	<input type="checkbox"/> \$18,201 - \$30,350	<input type="checkbox"/> \$30,350 - \$46,000	<input type="checkbox"/> over \$46,001
2	<input type="checkbox"/> \$0 - \$20,800	<input type="checkbox"/> \$20,801 - \$34,700	<input type="checkbox"/> \$34,701 - \$52,600	<input type="checkbox"/> over \$52,601
3	<input type="checkbox"/> \$0 - \$23,400	<input type="checkbox"/> \$23,401 - \$39,050	<input type="checkbox"/> \$39,051 - \$59,150	<input type="checkbox"/> over \$59,151
4	<input type="checkbox"/> \$0 - \$26,000	<input type="checkbox"/> \$26,001 - \$43,350	<input type="checkbox"/> \$43,351 - \$65,700	<input type="checkbox"/> over \$65,701
5	<input type="checkbox"/> \$0 - \$28,440	<input type="checkbox"/> \$28,441 - \$46,850	<input type="checkbox"/> \$46,851 - \$71,100	<input type="checkbox"/> over \$71,101
6	<input type="checkbox"/> \$0 - \$32,580	<input type="checkbox"/> \$32,581 - \$50,300	<input type="checkbox"/> \$50,301 - \$76,250	<input type="checkbox"/> over \$76,251
7	<input type="checkbox"/> \$0 - \$36,730	<input type="checkbox"/> \$36,731 - \$53,800	<input type="checkbox"/> \$53,801 - \$81,500	<input type="checkbox"/> over \$81,501
8	<input type="checkbox"/> \$0 - \$40,890	<input type="checkbox"/> \$40,891 - \$57,250	<input type="checkbox"/> \$57,251 - \$86,750	<input type="checkbox"/> over \$86,751
Total Persons				

<p>What racial/ethnic group do you most identify with (select one):</p> <p> <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black / African-American <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Latino / Hispanic </p> <p>Other: _____</p> <p>How did you hear about the Loan Closet? _____</p> <p>First contact with DCRS? Y/N</p>	<p>Are you currently in need of or want more information on the following?</p> <p> <input type="checkbox"/> Financial difficulties (cost of utilities, medication costs, housing cost, etc.) <input type="checkbox"/> Health insurance coverage (Medicare, Medicaid, supplemental plans) <input type="checkbox"/> Are you interested in discussing possible long-term care options? <input type="checkbox"/> In-home supports (home delivered meals, in-home care provider) <input type="checkbox"/> Assisted Living <input type="checkbox"/> Transportation needs <input type="checkbox"/> Health and Wellness Programs <input type="checkbox"/> 50+ Centers or social activities <input type="checkbox"/> Caregiving Concerns (describe): <input type="checkbox"/> Aging In Place Consultation (identify areas of concern): </p>
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LIABILITY WAIVER AND RELEASE AGREEMENT

This agreement is a release of all rights to sue for injuries or death resulting from the donated, loaned, modified or repaired equipment received from the Howard County Loan Closet (hereinafter HCLC). The RECIPIENT, for him/her self and on behalf of CLIENT, expressly assumes all risks related in any way to the use or appropriateness of this equipment. RECIPIENT/CLIENT understands HCLC is not qualified to advise on the appropriateness of any medical equipment and further recommends seeking advice of professionals before purchase or use of equipment. RECIPIENT/CLIENT acknowledges upon receipt of said equipment that they will immediately verify that the equipment is in good working condition and that he/she will examine it to inspect its condition and identify any defects before putting equipment in use. RECIPIENT/CLIENT also understands that the Rotary Club, Way Station Inc., Rebuilding Together, Howard County, MD and their employees, volunteers, owners, officers, directors, agents, or insurers (hereinafter "Releasees"), shall not be held liable or responsible in any way for injury, death, or other damages to the RECIPIENT/CLIENT or his/her family, heirs or assigns which may occur as a result of the donated, loaned, repaired or modified equipment, or as a result of product defect, wear and tear, or the negligence of any party, including Releasees whether passive or active.

RECIPIENT/CLIENT hereby agrees as follows:

1. **RECIPIENT/CLIENT** has inspected the Equipment, and has determined that the Equipment is usable, functioning, and in otherwise safe condition.
2. **RECIPIENT/CLIENT** acknowledges that he/she is accepting and taking ownership of the Equipment "as is" and "with all faults," and that **Way Station, Inc., the Columbia Rotary Club, and Rebuilding Together Howard County, and Howard County, Maryland**, collectively, doing business as the "**Loan Closet of Howard County**," have disclaimed all warranties. There is no warranty that the Equipment will be fit for a particular purpose. **RECIPIENT/CLIENT** acknowledges that he/she assumes all risks resulting from the ownership and/or use of the Equipment.
3. **RECIPIENT/CLIENT** hereby releases, discharges, indemnifies, and agrees not to sue **Way Station, Inc., the Columbia Rotary Club, Rebuilding Together Howard County, and Howard County, Maryland**, or "**Loan Closet of Howard County**," or any of their respective officers, directors, officials, agents, employees, volunteers, or insurers (the "Releasees") on account of any injury, loss or damage, including death and/or damage of any kind to person or property, caused directly or indirectly, or in any way arising out of the Equipment, whether such injury or loss was caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.
4. **RECIPIENT/CLIENT** shall hold harmless and indemnify the Releasees from any claim of liability for any losses or damages allegedly caused by the equipment.
5. Upon the **CLIENT's** discontinuation of the use of the Equipment, **RECIPIENT/CLIENT** agrees to consider donating the Equipment back to the **Loan Closet of Howard County**.

APPLICATION PERIOD

Due to high demand, certain pieces of equipment will have TIME LIMIT OF 30 DAYS. The following is a list of equipment with a time limit:

****The HCLC reserves the right to add or modify list of equipment as needed****

1. Manual Wheelchairs
2. Transport Wheelchairs

DISCLAIMER AND SIGNATURE – PLEASE NOTE CONSUMERS MUST BE ABLE TO LOAD AND UNLOAD DONATED AND/OR RECEIVED EQUIPMENT INDEPENDENTLY

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT

Signature	Date
Printed Name	
Loan Closet Representative	Date
Printed Name	

EQUIPMENT – ALL SPECIALIZED MOBILITY DEVICES REQUIRE A REFERRAL FROM A HEALTHCARE PROFESSIONAL

Equipment Type	Property ID	Info Sheets		Demonstration		Return Demonstration		Video	
		Yes	Declined	Yes	Declined	Yes	Declined	Yes	Declined
1									
2									
3									
4									
5									

For Office Use only: Consultation: _____mins	<input type="checkbox"/> Provided Equipment <input type="checkbox"/> Education <input type="checkbox"/> Referred to MAP <input type="checkbox"/> Provided For Profit Vendor Information	Entered _____/_____/_____ Scanned _____/_____/_____
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