

**HEALTHCARE PROVIDER REFERRAL FOR EQUIPMENT**



**APPOINTMENTS REQUIRED TO PICK UP EQUIPMENT**  
 Please complete form in its **entirety** (including your email address)  
**Please Fax or email this form to The Loan Closet DIRECTLY**  
**Fax: 410-313-0369**  
**Email: [loancloset@howardcountymd.gov](mailto:loancloset@howardcountymd.gov)**  
 Staff will make 2 attempts to contact client  
 Client must be able to load and unload equipment independently

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

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

**REFERRING HEALTH CARE PROVIDER**

<b>Name</b>	<b>Title</b>	<b>License #</b>
Organization		
Address	City/State	Zip
<b>Phone</b>	<b>E-mail Address</b>	

**EQUIPMENT IS SUBJECT TO AVAILABILITY**

<input checked="" type="checkbox"/>	Item	<input checked="" type="checkbox"/>	Item	<input checked="" type="checkbox"/>	Item
<input type="checkbox"/>	Bedrail	<input type="checkbox"/>	Hemi-Walker	<input type="checkbox"/>	Transfer Board
<input type="checkbox"/>	Bedside Commode	<input type="checkbox"/>	Leg Lifter	<input type="checkbox"/>	Tub Safety Rails
<input type="checkbox"/>	Bedside Table	<input type="checkbox"/>	Long Handled Shoe Horn	<input type="checkbox"/>	Tub Transfer Bench
<input type="checkbox"/>	Cane (specify type)	<input type="checkbox"/>	Pedal Exerciser	<input type="checkbox"/>	Walker – Balls/Slides
<input type="checkbox"/>	Crutches	<input type="checkbox"/>	Reacher	<input type="checkbox"/>	Walker – Basket/Tray
<input type="checkbox"/>	Crutches-Forearm	<input type="checkbox"/>	Rollator	<input type="checkbox"/>	Walker Platform
<input type="checkbox"/>	Cushion-Foam (size)	<input type="checkbox"/>	Shower Seat	<input type="checkbox"/>	Walker – Standard
<input type="checkbox"/>	Cushion-Gel (size)	<input type="checkbox"/>	Shower Seat w/back/arms	<input type="checkbox"/>	Walker – Two-Wheeled
<input type="checkbox"/>	Dressing Stick	<input type="checkbox"/>	Sock Aid	<input type="checkbox"/>	Wheelchair – Manual
<input type="checkbox"/>	Elevated Toilet Seat	<input type="checkbox"/>	Spryte (Stand Assist)	<input type="checkbox"/>	Wheelchair – Transport
<input type="checkbox"/>	Gait Belt	<input type="checkbox"/>	Toilet Safety Rails	<input type="checkbox"/>	U-Step
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

**Provider Notes:** \_\_\_\_\_

- I am a health care professional, acting within my scope of practice, and have the authority to recommend the identified equipment. **Provider Initials** \_\_\_\_\_
- In my professional judgement, the above-named client is able to safely use the identified equipment.  
 **I will provide and/or have provided training to client/caregiver**  
 **Client is able to use independently without additional training**
- Is this equipment needed for:  
 **Short-term basis** (less than 90 days)      Are you submitting under client's insurance benefit  **YES**  **NO**  
 **Long-term basis**      If **NO** why? \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HEALTHCARE PROVIDER REFERRAL FOR EQUIPMENT**

<b>CLIENT NAME:</b>		<b>DATE:</b>	
<b>PERSON PICKING UP EQUIPMENT</b>			
Name			
Address			
City	State	ZIP	
Phone	E-mail Address		
<b>LIABILITY WAIVER AND RELEASE AGREEMENT</b>			
<p>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.</p> <p><b>RECIPIENT/CLIENT</b> hereby agrees as follows:</p> <ol style="list-style-type: none"> <li><b>RECIPIENT/CLIENT</b> has inspected the Equipment, and has determined that the Equipment is usable, functioning, and in otherwise safe condition.</li> <li><b>RECIPIENT/CLIENT</b> acknowledges that he/she is accepting and taking ownership of the Equipment "as is" and "with all faults," and that <b>Way Station, Inc., the Columbia Rotary Club, and Rebuilding Together Howard County, and Howard County, Maryland</b>, collectively, doing business as the "<b>Loan Closet of Howard County</b>," have disclaimed all warranties. There is no warranty that the Equipment will be fit for a particular purpose. <b>RECIPIENT/CLIENT</b> acknowledges that he/she assumes all risks resulting from the ownership and/or use of the Equipment.</li> <li><b>RECIPIENT/CLIENT</b> hereby releases, discharges, indemnifies, and agrees not to sue <b>Way Station, Inc., the Columbia Rotary Club, Rebuilding Together Howard County, and Howard County, Maryland</b>, or "<b>Loan Closet of Howard County</b>," 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.</li> <li><b>RECIPIENT/CLIENT</b> shall hold harmless and indemnify the Releasees from any claim of liability for any losses or damages allegedly caused by the equipment.</li> <li>Upon the <b>CLIENT's</b> discontinuation of the use of the Equipment, <b>RECIPIENT/CLIENT</b> agrees to consider donating the Equipment back to the <b>Loan Closet of Howard County</b>.</li> </ol>			
<b>APPLICATION PERIOD</b>			
<p>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**</p> <ol style="list-style-type: none"> <li>Manual Wheelchairs</li> <li>Transport Wheelchairs</li> </ol>			
<p>Disclaimer and Signature –</p> <p><b>Consumers must be able to load and unload donated and/or received equipment independently</b></p> <p><i>I hereby certify that: (1) I have viewed the demonstration video and/or received instruction sheets and demonstration on all equipment by Loan Closet Staff/Volunteers for the equipment that I will be using, (2) I understand the proper operation of this piece(s) of equipment, and (3) I have been given an opportunity to ask any questions that I have regarding the equipment's operation.</i></p> <p><b><u>LOAN CLOSET STAFF RESERVES THE RIGHT TO DECLINE ANY REQUEST TO RECEIVE EQUIPMENT IF STAFF DETERMINES, IN ITS SOLE AND ABSOLUTE DISCRETION, THAT ALL SAFETY CONCERNS REGARDING THE USE OF SUCH EQUIPMENT HAVE NOT BEEN SATISFACTORILY ADDRESSED.</u></b></p>			
I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT			
<b>SIGNATURE</b>		<b>Date</b>	
<b>PRINTED NAME</b>			
<p><i>For Office Use only:</i>                  Return Demonstration Provided on All Equipment _____</p>	Consultation: _____ mins	Entered ____/____/____  Scanned ____/____/____	<input type="checkbox"/> AIP Consult <input type="checkbox"/> Provided Equipment <input type="checkbox"/> Education <input type="checkbox"/> Referred to MAP <input type="checkbox"/> Provided Vendor Information
			<input type="checkbox"/> Home Delivery <input type="checkbox"/> Facility Delivery <input type="checkbox"/> Home Pick-up <input type="checkbox"/> Facility Pick-up