



Health Equipment Program

Equipment Loan/Request Form

Name _____ Date _____

Address _____ City _____ State _____

Phone _____ email (optional) _____

Name of person picking up equipment _____

Phone/Contact information _____

Diagnosis/disability _____

Estimated time of need (estimate number of weeks, months or mark lifetime)

week(s) _____ month(s) _____ lifetime

Please check equipment requested: (Please note weight capacity of some items)

Availability to be confirmed upon submission of request

- | | |
|--|---|
| <input type="checkbox"/> Walker (up to 300 lbs.) | <input type="checkbox"/> Commode (up to 350 lbs.) |
| <input type="checkbox"/> Walker with basket | <input type="checkbox"/> Commode (up to 400 lbs.) |
| <input type="checkbox"/> Walker with seat (up to 300 lbs.) | <input type="checkbox"/> Bath chair without arms (up to 250 lbs.) |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Bath chair with back (up to 300 lbs.) |
| <input type="checkbox"/> Toilet high riser seat (up to 250 lbs.) | <input type="checkbox"/> Bath transfer bench (up to 250 lbs.) |
| <input type="checkbox"/> Tub grab bars | <input type="checkbox"/> Bath transfer bench (up to 300 lbs.) |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Bed Rail |
| <input type="checkbox"/> Quad Cane | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Wheelchair (specify leg rests, footrests, child/adult, regular/extra wide, weight capacity) | |

Cleaned items are to be returned to Exceptional Persons, Inc. when no longer needed.

Disclaimer and Waiver of Liability: Equipment utilized in this program is obtained by donation. Exceptional Persons, Inc. (EPI) expressly disclaims any and all warranty of the equipment loaned. Weight capacity limits are listed above. Usage of equipment beyond the indicated limitations or in an improper manner may result in malfunction and/or injury. By signing below, I and the user of the equipment agree to hold Exceptional Persons, Inc. (EPI) harmless from any liability due to usage of loaned durable medical equipment.

Signature of person receiving equipment

Date

Please send requests to: kimberly.yockey@episervice.org or mail to PO Box 4090, Waterloo, IA 50704-4090.
(Office use only: all sticker numbers are to be listed next to equipment above.)

Exceptional Persons, Inc. Durable Medical Equipment Return Form

Date:

Print Name:

Signature: