

EQUIPMENT USER INFORMATION		
LAST NAME	FIRST NAME	
ADDRESS		
CITY	STATE	ZIP
HOME PHONE () ()	CELL PHONE () ()	
EMAIL		
RESIDENTIAL FACILITY NAME (if applicable)		

PHOTO ID OF PERSON PICKING UP EQUIPMENT

- How did you find out about the Loan Closet?

<input type="checkbox"/> VNA Health Home Health	<input type="checkbox"/> VNA Health Hospice	<input type="checkbox"/> VNA Health Palliative Care	<input type="checkbox"/> VNA Health Website
<input type="checkbox"/> Hospital Referral	<input type="checkbox"/> Doctor's Office Referral	<input type="checkbox"/> Friend Referral	<input type="checkbox"/> No VNA Health Service
			<input type="checkbox"/> Other Care Agency
- Monthly Income: Less than \$1,000 More than \$1,000
- Age Range (years): 0-20 21-40 41-50 51-60 61-70 71-80 81-90 91-95 >95
- Gender: Male Female Height _____ Weight _____
- Primary Language: English Spanish Other _____
- Ethnicity: African-American Asian Caucasian Hispanic Native American Pacific Islander Other _____

ITEMIZED EQUIPMENT LIST & EQUIPMENT LOAN AGREEMENT

VNA Health is able to provide this equipment for temporary use at no cost due to the generous support of individuals and foundations in our community. In addition, we will provide you with information about proper use of the equipment. Please take a moment to review the equipment information. **The initial lending period is eight (8) weeks.** ▶ _____

THIS AREA FOR LOAN CLOSET OFFICE USE ONLY				
Equipment Loaned	Date Loaned Out	Instructions Given	Return Due Date	Confirmation of Return
	▲		RETURNS ONLY	
		Max Weight may not Exceed 240 LBS	ACCEPTED WEEKDAYS	
			8 AM to 4 PM	

PLEASE READ THIS SECTION CAREFULLY SIGN YOUR NAME TO INDICATE UNDERSTANDING OF THE TERMS OF THIS AGREEMENT

EQUIPMENT LOAN POLICY & USER AGREEMENT

- Equipment is loaned for temporary short-term use and should be returned cleaned upon the agreed date.
- The "using party" shall directly receive the benefit of using the loaned equipment and shall be the responsible person for upholding the Equipment Loan Policy & User Agreement.
- The VNA Health Loan Closet may make periodic checks by phone or letter to inquire about the loaned equipment.
- If your circumstances change, and the equipment is needed longer than the agreed upon date above, please contact us as soon as possible so we can discuss options with you.
- VNA Health is to be informed of any change in the using party's address or phone number. The using party must return these items in a good and functional condition during business hours.
- Information on proper use of the equipment is available.
- The using party of this equipment agrees to indemnify, defend, and hold harmless VNA Health and its officers, directors, agents, employees, members, and other representatives against any and all claims, demands, causes of action, damages, costs penalties, losses and liabilities (whether under a theory of negligence, strict liability, contract, or otherwise), and expenses of any nature whatsoever, including, without limitation, attorneys' fees (collectively, "Losses"), arising out of, or related to, the using party's use of VNA Health's equipment. The using party acknowledges and agrees that the indemnification obligation shall apply even if a claim giving rise to the Indemnification Obligation is found to be groundless or is unsuccessful for any reason.

By signing below, I agree to the Equipment Loan Policy and User Agreement.

Print Name: _____ Signature: _____ Date _____