VNAHealth
Live Well

LOAN CLOSET

360 Olive Street, Parking Lot
Santa Barbara, CA 93101
Phone: **805-690-6235** Fax: **805-564-8478** Email: **loancloset@vna.health**

EMP____

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

1) **How did you find out about the Loan Closet?**
□ Used the Loan Closet Before □ VNA Health Website □ VNA Health Referral □ Friend Referral
□ Hospital Referral □ Physician Referral □ Other Referral: _____

2) **Are you a… ▶ VNA Health Patient? □ Yes □ No ▶ Veteran? □ Yes □ No**

3) **Monthly Income: □ Less than $1,215 □ More than $1,215**

4) **Age Range (years): □ 0-20 □ 21-40 □ 41-50 □ 51-60 □ 61-70 □ 71-80 □ 81-90 □ 91-95 □ >95**

5) **Gender: □ Male □ Female Height _____ Weight _____**

6) **Primary Language: □ English □ Spanish □ Other _____**

7) **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	***ACCEPTED WEEKDAYS***	
		Exceed 240 LBS	***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

1. **Equipment is loaned for temporary short-term use and should be returned cleaned upon the agreed date.**
2. 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.
3. The VNA Health Loan Closet may make periodic checks by phone or letter to inquire about the loaned equipment.
4. 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.
5. 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.
6. Information on proper use of the equipment is available.
7. 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**_____