

**MEDICAL EQUIPMENT BANK LOAN & LIABILITY AGREEMENT
FACILITY SIGN OUT SHEET**



Serving Thurston, Mason, and Lewis Counties

We loan out donated supplies and equipment to those in need, you are required to return equipment when no longer needed. **NOT TO BE RE-SOLD.**

You are responsible for damage and repairs at your own cost.

**USE OF ITEMS IS AT YOUR OWN RISK. THERE IS NO GUARANTEE IMPLIED OR
GIVEN ON BORROWED ITEMS**

**THIS FORM MUST BE
FILLED OUT COMPLETELY
BEFORE YOU CAN REMOVE
ITEMS FROM THE MEDICAL
EQUIPMENT BANK (MEB)**

SUPPLIES/EQUIPMENT IS FOR	DATE:	PRINT FIRST AND LAST NAME SUPPLIES/EQUIPMENT ARE FOR:			PHONE:	ITEMS TAKEN:
	ADDRESS:	CITY:	STATE:	ZIP CODE:		
	EMAIL ADDRESS: (Optional)	BIRTHDATE (mm/dd/yyyy):	NEWSLETTER: <input type="checkbox"/> ALREADY RECEIVING <input type="checkbox"/> LIKE TO RECEIVE	FIRST TIME TO THE MEB? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MEDICAIDE <input type="checkbox"/> MEDICARE	OTHER OR SECONDARY MEDICAL INSURANCE:			
	CHECK ALL THAT APPLY: (Please enter combined income for the home) <input type="checkbox"/> Veteran <input type="checkbox"/> 60+ <input type="checkbox"/> <59 <input type="checkbox"/> Below 30K <input type="checkbox"/> 30K-40K <input type="checkbox"/> 40K-50K <input type="checkbox"/> 50K-60K <input type="checkbox"/> 60K-70K <input type="checkbox"/> 70K-80K <input type="checkbox"/> Donation\$_____					
PERSON PICKING UP	<input type="checkbox"/> Facility Caregiver <input type="checkbox"/> Agency Caregiver <input type="checkbox"/> Adult Family Home Caregiver	PRINT FIRST AND LAST NAME OF PERSON PICKING UP SUPPLIES/EQUIPMENT:			RETURN DATE OF EQUIPMENT:	
	FACILITY/AGENCY/DULT FAMILY HOME:	FACILITY EMAIL:			PHONE:	
	ADDRESS:	CITY:	STATE:	ZIP CODE:		