



MEDICAL EQUIPMENT BANK LOAN & LIABILITY AGREEMENT FAMILY FRIEND CAREGIVER 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 ARE FOR	DATE:	PRINT FIRST AND LAST NAME SUPPLIES/EQUIPMENT 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 Donation\$ _____						
PERSON PICKING UP	<input type="checkbox"/> Family Member <input type="checkbox"/> Family Friend <input type="checkbox"/> Self Paid <input type="checkbox"/> Non-Facility Caregiver <input type="checkbox"/> Non paid Caregiver		FIRST AND LAST NAME OF PERSON PICKING UP SUPPLIES/EQUIPMENT:				
	EMAIL:			PHONE: Home: Cell:		RETURN DATE OF EQUIPMENT:	
	ADDRESS:			CITY:	STATE:		ZIP CODE: