



Serving Our Community

MEDICAL EQUIPMENT BANK LOAN & LIABILITY AGREEMENT FAMILY FRIEND NON-PAID CAREGIVER SIGN-IN

We make available 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 (HOME/CELL):		ITEMS TAKEN:	
	ADDRESS:	CITY:		ST:	ZIP CODE:		
	EMAIL ADDRESS: (Optional)	BIRTHDATE (mm/dd/yyyy):	NEWSLETTER: <input type="checkbox"/> ALREADY RECEIVING <input type="checkbox"/> LIKE TO RECEIVE		FIRST TIME TO THIS 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"/> MEDICADE-NAME OF INSURANCE: _____ <input type="checkbox"/> MEDICARE-MANAGE CARE/SECONDARY: _____					
	CHECK ALL THAT APPLY: <input type="checkbox"/> Veteran <input type="checkbox"/> 60+ <input type="checkbox"/> Disabled Please enter combined YEARLY income for the home \$ _____ Donation:\$ _____						
PERSON PICKING UP	I AUTHORIZE THE BELOWED NAMED PERSON/BUSINESS TO PICKUP MY SUPPLIES/EQUIPMENT.		SIGNATURE (YOUR ID IS REQUIRED):			RETURN DATE OF EQUIPMENT:	
	THIS AREA IS FOR THE FAMILY MEMBER OR FRIEND TO FILL OUT						
	<input type="checkbox"/> Family/Friend Non-Paid Caregiver (YOUR ID IS REQUIRED)		FIRST AND LAST NAME OF PERSON PICKING UP SUPPLIES/EQUIPMENT:				Donation Family/Friend/Non-paid Caregiver:
EMAIL:		PHONE: (HOME/CELL):	ADDRESS:			\$ _____	
CITY:	ST:	ZIP CODE:	SIGNATURE (YOUR ID IS REQUIRED):				

WE DO NOT SHARE/SELL YOUR INFORMATION

Are You An unpaid Family Caregiver?

We are Here to Help.

We support unpaid family caregivers in Lewis, Mason, and Thurston Counties as they assist adult family members dealing with aging or disability.

Lewis - Mason - Thurston Area Agency on Aging is here to provide information and assistance to help you navigate the challenges and maximize the reward of providing meaningful assistance to your family member.

Lewis - Mason - Thurston Area Agency on Aging supports unpaid family caregivers to assist adult family members dealing with aging or disability.

We encourage you to sign up for one of our many family caregiver classes, attend a support group, or call 1-888-545-0910

website <https://www.lmtaaa.org/services-for-a-family-member>.