



Serving Our
Community

MEDICAL EQUIPMENT BANK LOAN & LIABILITY AGREEMENT

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)

DATE:	PRINT FIRST AND LAST NAME SUPPLIES/EQUIPMENT FOR:		PHONE (HOME/CELL):	
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"/> MEDICAIDE-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				
<u>Please enter combined YEARLY income for the home</u> \$ _____ Donation: \$ _____				
SIGNATURE (<u>YOUR ID IS REQUIRED</u>):				
ITEMS TAKEN:				
RETURN DATE OF EQUIPMENT:				