



Senior Care Volunteer Network (SCVN)
LOAN and RETURN AGREEMENT
Used Medical Equipment "As Is"

ID:

IT IS understood and agreed that Senior Care Volunteer Network (SCVN) sponsors a medical/home health equipment loan closet as a community service to enable community members to exchange such equipment as needed. SCVN does not warrant the safety and operating conditions of any loaned equipment in that all equipment is donated and loaned "AS IS."

In consideration of the provision of such loaned equipment, it is further understood and agreed that the borrower and/or user of any loaned equipment shall not seek any form of damages against SCVN, nor shall the borrower and/or user seek any form of damages against the donor of the equipment or previous borrower/user of such equipment. Borrowers/users are ultimately responsible, following consultations with medical personnel, for all decisions as to the appropriateness and safety of the use of any medical or home health equipment.

IT IS further understood and agreed that the Borrower and User shall return all loaned medical and/or home health equipment when there is no longer a need for the equipment. **ALL RETURNED EQUIPMENT MUST BE IN GOOD/WORKING CONDITION AND CLEANED/SANITIZED BEFORE IT IS DROPPED OFF AT THE SCVN OFFICE.**

Users Last Name: _____ First Name: _____ Birth Date: _____
 Street Address: _____ City: _____ State: IL
 Zip: _____ Home Phone: _____ Cell: _____
 Email: _____ Referred By: _____

**HELP US CONTINUE TO BE ABLE TO OFFER FREE MEDICAL EQUIPMENT LOANS
 BY FILLING IN THE INFORMATION BELOW**

This information is REQUIRED for the purpose of securing grants. All information is strictly confidential!

Household Annual Income _____ County _____ US Citizen? Y N No. of Household Members ____
Ethnic Background: Caucasian Asian Hispanic or Latino African American Other

Equipment:

	Date Loaned	Inv. Updated	Item Number	Description	Date Returned	Inv. Updated
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PRINTED

NAME: _____ SIGNATURE: _____

Relationship to borrower: family _____ friend agency _____

DME Satisfaction Survey

Please tell us how the item(s) you borrowed affected the quality of your life. By telling us your story, you are giving us permission to use your story on the web, in our newsletter, and in grant requests to potential donors.

How satisfied are you with the equipment you received?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very Dissatisfied

My disability is (check one)

- Temporary
- Permanent

This item(s) helped me in the following areas (check all that apply)

- Increased mobility
- Physical development
- Go to work
- Increased independence
- Attend school
- Able to go to doctor's appointments
- Sports/recreation

Which of the following was the biggest barrier that prevented you from getting the equipment you needed?

- Lack of funds
- Medicare/Medicaid denial
- Medicare/Medicaid delay

Did you exhaust all other resources to get this equipment?

- Yes
- No

Did this equipment help reduce falls?

- Yes
- No

Did this equipment provide assistance to caregivers?

- Yes
- No

How did you find out about Senior Care Volunteer Network? _____

Signature _____

Relationship to borrower _____