

# Health Equipment Loan Program

Check-Out or Check-In Information

Date: \_\_\_\_\_

**Item or Items needed:**

**Who needs the equipment?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Where will they be using it?**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Who is the caregiver or person requesting the equipment?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**When is the equipment needed?** \_\_\_\_\_

**About how long will it be needed?** \_\_\_\_\_

**Can someone pick up the items at 1003 Indiana, Sidney?** \_\_\_\_\_

To arrange for delivery or for pick up call:  
Sharon at the Faith in Action office, 712-374-2093, or call Norma at 712-370-1494

How did you learn about our program?