

CUSTOMER/CLIENT EQUIPMENT RECORD

OUT IN DONATION / / 2009		Fremont Co. Health Equipment Loan Program			Taken By: Faith in Action or Legion Auxiliary NAME:	
Equipment	Number	Race/Ethnicity	Gender/Age		Household Income	Insurance/Benefits
		Caucasian	Male/Female		0-10 Thousand	Medicare
		Afro-American	0- 4	5-12	10-20 Thousand	Medicaid
		Asian	13-17	18-24	20-30 Thousand	Insurance
		Hispanic	25-44	45-64	30-40 Thousand	Social Security
		Am-Indian	65-84	85+	40-50+ Thousand	Disability Benefits
PAID		Pacific Islander	Unknown		Unknown	Unknown/NONE
CASH \$		Other				
CHECK #						
No Charge						
Veteran?						
Does the client have a developmental disability? Definition is below; please indicate if this applies to the client.						
YES	NO	Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities, such as language, mobility, years of age, and these usually last throughout a person's lifetime. Some developmental disabilities examples: Autism spectrum disorders, cerebral palsy, hearing loss, mental retardation, vision impairment, attention deficit hyperactivity disorder (ADHD).				
Repeat client?	Y	N				
Client's Name: _____ Client's Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Caregiver's Name: _____ Caregiver's Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Referral Agency or Person: _____						
Signer releases Faith in Action Volunteers, Inc. and Sidney Legion Auxiliary, Post 128, from any liability regarding the condition of the above-listed equipment. Signer assumes responsibility for returning equipment as received in a clean, functioning condition. We encourage borrowers to report any problems with the equipment or our service. At no time will the information on this form be released to the public; signer gives full permission to use as statistical information for funder(s).						
Signer has read and understands the above information.						
Signature: _____				Date: _____		
Repair needed?	Return Date	Refund Ck#	Amount \$	Initial		