



**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 in order 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.**

Do you have equipment on loan from us already? (If yes, pull existing loan agreement; ADD to it. Do Not start a new loan agreement)

USER'S:

Last Name: _____ First Name: _____ DOB: _____

Street Address: _____ Apt#: _____ City: _____ State: IL

Zip: _____ Home Phone: _____ Cell: _____

Email: _____ Referred By: _____

The following information is REQUIRED to borrow equipment.

This information is used for the purpose of securing grants and keeping our service free.

All information is strictly confidential!

Estimated Annual Income _____ County _____ # of Household Members _____

Race: Caucasian Asian Hispanic or Latino African American Other _____

Form Filled Out/Verified By-Volunteer/Staff: _____

DATE: _____

	Date Loaned	FODAC Updated	Item Number	Description	Date Returned	FODAC Updated
1						
2						
3						
4						
5						
6						
7						
8						

PRINTED

NAME: _____ SIGNATURE: _____

Relationship to borrower: family relationship _____ friend agency name: _____

Office use only:

Follow up letter sent if other than family member p/u: _____ date _____ initials _____

DME retirement letter sent: date _____ initials _____

Scanned into FODAC: date _____ initials _____

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.

1. Did the use of the borrowed equipment help you to remain in your own home? Yes No

2. Do you feel using the loaned equipment reduced any of the following?
 pain anxiety/depression recovery time caregiver support
 risk of falling or instability hospitalization/extended rehab facility

3. Did you exhaust all other resources to get this equipment? Yes No

4. Which of the following was the biggest barrier that prevented you from getting the equipment you needed?
 lack of funds medical insurance/Medicare/Medicaid denial
 medical insurance/Medicare/Medicaid delay

How did you find out about Senior Care Volunteer Network?

- website Social Media family/friend healthcare worker/facility
 Event – Fundraiser or Community Event other

Signature _____

Relationship to borrower: _____