



## GOODWILL HELPS

Phone (423)629-2501

Fax (423)242-0504

ALL FIELDS MUST BE FILLED OUT COMPLETELY. ALL INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

### APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

### NAME OF PERSON NEEDING THE EQUIPMENT:

**Patients** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Primary** \_\_\_\_\_

**Secondary** \_\_\_\_\_

**Date Equipment Requested:** \_\_\_\_\_

**Equipment Asked For:** \_\_\_\_\_

**Equipment Asked For:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Released By:** \_\_\_\_\_

### WAIVER

I/we understand that Goodwill HELPS is a medical equipment lending program designed to serve our community without charge for services or equipment, and therefore agree to accept the equipment in "as is" condition. I/we also commit to return the equipment in good condition at such time as I no longer have need for it.

I/we have consulted with our personal team of medical professionals, and assume all responsibility for the selection of equipment to meet the needs of myself or the person who will be using the equipment. I hereby, for myself and the person using this equipment, our heirs, executors and administrators, waive and release any and all rights and claims for damages we may have against Goodwill HELPS, Chattanooga Goodwill Industries, Inc. or any other persons connected with this program, their agents, representatives and assigns for any and all injuries suffered by, or illness to, ourselves resulting from the use of said equipment.

Signature: \_\_\_\_\_

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