Recipient:

Phone: ( ) email

Address: Zip code

Responsible Party: Relationship: Phone ( )

Loan Terms:

The user and/or responsible party named above understand and agree to the conditions specified below:

* I/we agree to return the items when I’m done with them.
* I/we will not alter or deface the loaned equipment.
* I/we will maintain equipment in a clean and sanitary condition.
* I/we will clean the loaned item prior to returning.
* I/we have inspected the equipment and acknowledge that it is in good repair.
* I/we understand there may be a fee assessed if the equipment is damaged or lost.
* I/we understand the correct usage of the loaned equipment.
* I/we agree to contact my healthcare provider for specific instructions in regard to use should I find them necessary.

**The MLC does not provide medical advice**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The client and/or responsible person receiving the loaned items described and listed by code number forever release the MEDICAL LOAN CLOSET OF WICHITA LLC, (MLC) and its authorized agents and volunteers from all liability related to the loaned medical equipment and its use.**

*LOANED ITEMS WILL BE RETURNED TO MLC IN CLEAN AND SANITARY CONDITION. THE UNDERSIGNED PROMISES THAT LOANED ITEMS WILL NOT BE GIVEN, LOANED, SOLD, PAWNED OR LEAVE THE CONTROL OF THE CLIENT AND/OR THEIR RESPONSIBLE PARTIES DURING THEIR POSSESSION OF THE ITEM.*

***MLC Client Survey***

YES NO

Did MLC have the equipment/supplies that you needed?

Were you satisfied with the attitude and performance of the MLC volunteer staff?

Would you recommend the Medical loan closet?

How did you hear about MLC?

Other Comments?

**Signature: Date:**

**MLC STAFF: Date:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QTY** | **CODE** | **ITEM** | **Donation Value** |  | **QTY** | **CODE** | **ITEM** | **Donation Value** |
|  |  | **Beds & Accessories** |  |  |  |  | **Bath/Toilet Items** |  |
|  | 100 | Hospital Bed, no mattress | $100.00 |  |  | 200 | Shower Chair | $10.00 |
|  | 101 | Bariatric Hospital Bed | $150.00 |  |  | 201 | Bathtub Transfer Bench | $15.00 |
|  | 102 | Hospital Mattress | $25.00 |  |  | 202 | Bariatric Bathroom Equipment | $20.00 |
|  | 103 | Hospital Air Mattress | $40.00 |  |  | 203 | Toilet Seat Riser | $5.00 |
|  | 104 | Bed Rails ( one side) | $5.00 |  |  | 204 | Commode | $10.00 |
|  | 105 | Bed Trapeze | $10.00 |  |  | 205 | Bath Rails/Grab Bar | $10.00 |
|  | 106 | Overbed or bed side Table | $10.00 |  |  | 206 | Bathroom Miss Accessories | $ |
|  | 107 | Miscellaneous Bed Accessories or parts | $ |  |  |  | **Power Chairs/Scooters Etc.** |  |
|  |  | **Walkers/Wheelchairs** |  |  |  | 400 | Mobility Scooter | $ |
|  | 300 | Standard Walker | $10.00 |  |  | 401 | Power Wheelchair | $ |
|  | 301 | Rollator Walker | $25.00 |  |  | 402 | Power Chair Accessories or Parts | $ |
|  | 302 | Knee Sooter | $ |  |  |  | **Lifts/Accessories** |
|  | 303 | Specialty/ Bariatric Walker | $25.00 |  |  | 500 | Manual Patient Lift | $40.00 |
|  | 304 | Walker 3 Wheel | $10.00 |  |  | 501 | Electric Patient Lift | $75.00 |
|  | 305 | Walker Accessories or Parts | $5.00 |  |  | 502 | Lift Sling | $15.00 |
|  | 306 | Bariatric wheel Chair | $40.00 |  |  | 503 | Lift Chair | $ |
|  | 307 | Transfer Chair | $25.00 |  |  | 504 | Electric Sit to stand | $ |
|  | 308 | Wheel Chair/Standard | $25.00 |  |  | 505 | Manual Sit to stand | $ |
|  | 309 | Wheel Chair Accessories or Parts | $10.00 |  |  | 506 | Lift Accessories or Parts | $ |
|  | 310 | Cushion - Air | $10.00 |  |  |  | **Orthopedic & Support Items** |  |
|  | 311 | Cushion - Gel | $5.00 |  |  | 700 | Braces | $5.00 |
|  |  | **Personal Care Items** |  |  |  | 701 | Cast Boot | $10.00 |
|  | 600 | Reacher | $5.00 |  |  | 702 | Polar Ice Therapy Unit | $20.00 |
|  | 601 | Shoe Horn | $5.00 |  |  | 703 | TENS/EMS Units | $10.00 |
|  | 602 | Sock Puller | $5.00 |  |  | 704 | Cane | $5.00 |
|  | 603 | Gait Belt | $5.00 |  |  | 705 | Quad Cane | $10.00 |
|  | 604 | Personal Care Alarm | $10.00 |  |  | 706 | Crutches | $10.00 |
|  | 605 | Misc accessories Personal Care | $ |  |  | 707 | Crutches Accessories | $5.00 |
|  |  | **Respiratory Equipment** |  |  |  | 708 | Orthopedic Accessories or parts | $5.00 |
|  | 800 | Respiratory Accessories Mask tubing | $5.00 |  |  |  | **Medical Supplies** |  |
|  | 801 | Bi-Pap | $20.00 |  |  | 900 | Other Supplies | $5.00 |
|  | 802 | C-Pap | $20.00 |  |  | 901 | Ostomy Supplies | $5.00 |
|  | 803 | Nebulizer | $10.00 |  |  | 902 | Catheter supplies | $5.00 |
|  | 804 | Oxygen Concentrator | $20.00 |  |  | 903 | Incontinence supplies | $5.00 |
|  | 805 | Pulse Oximeter | $10.00 |  |  | 904 | Wound Care supplies | $5.00 |
|  | 806 | Blood Pressure Kit | $10.00 |  |  | 905 | IV Therapy Supplies | $5.00 |
|  |  |  | $ |  |  | *900* | Slide Board | $10.00 |

Suggested donation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash donation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash  Check #\_\_\_\_\_\_\_\_  Credit Card in-kind voucher #\_\_\_\_\_\_\_\_  Non-funded Trade

NOTES: