***We Share Application Form***

Please print, completing each field/question as best you can for yourself or on behalf of the patient.

Pick-Up Date:

**Patient name**: \_\_\_\_\_\_\_ Phone: ( )

Client Date of Birth: \_\_\_ /\_\_ /\_ Cell: ( )

Address \_\_\_\_\_\_\_\_

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

How did you learn about We Care We Share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To provide our funders with the most accurate information about the people whom we serve, we ask that you please complete the following brief questionnaire.

**Have you applied for assistance for the needed equipment through insurance, Medicaid, Medicare?**

YES NO

**How long will you need the equipment?**

**Client Gender:**  Male Female **Veteran?** Yes No

**Diagnosis:** Cardiac Respiratory Trauma Neurological Cancer Congenital Disorder Diabetes Dementia

**Ethnicity:** African American Asian American American Indian Caucasian Latin American

**Client Education:**  Elementary High School/GED College Master’s Degree

**Client Income Level**: \_\_\_under $25,000 $26,000 to $50,000 $51,000 to $75,000 \_\_\_ $76,000 \_\_\_$100,000 \_\_$100,000 +

**Equipment on Loan:**

ID# Type Equipment \_\_\_\_\_ Recorded\_\_\_\_\_

ID# Type Equipment Recorded\_\_\_\_\_

ID# Type Equipment Recorded\_\_\_\_\_

ID# Type Equipment Recorded\_\_\_\_\_

Does the equipment you received meet your (or the patient’s) needs? \_\_\_\_\_\_\_\_\_\_\_

Were you able to get the kind of equipment you came for? \_\_\_\_\_\_\_\_\_\_\_

Is the equipment in good condition? \_\_\_\_\_\_\_ Will the equipment help you (or the patient) feel safer? \_\_\_\_\_\_

Will the equipment or supplies improve your (or the patient’s) quality of life? \_\_\_\_\_\_\_\_

If We Care We Share had not provided it for you, would you have had other resources? \_\_\_\_\_\_\_\_

Will you recommend others to use our services? \_\_\_\_\_\_\_\_\_\_

Other comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I acknowledge that the above-identified equipment was inspected by me, or the person responsible noted above and at the time I received the equipment it was clean and in good condition. I agree that I will return the equipment in the same condition when my present physical need no longer exists. I will not permit this equipment to be transferred to another person under any circumstances, and while this equipment is in my possession, I will notify you of any change of address for me. I will not take this equipment out of the area served by We Care, We Share. I hereby release and hold harmless We Care, We Share, its members, agents, or employees from any claim by me, or any person acting for me or on my behalf for any loss, expense, or damage, including but not limited to general, specific, incidental, or consequential damages, of any kind or nature whatsoever arising from this equipment or its use. I agree that We Care, We Share, its members, agents, volunteers or employees have made no representation of any kind whatsoever expressed or implied, to me with regard to the condition of the equipment provided or as to the use to which the equipment is to be put. I also give We Care, We Share permission to take my photo and to use it in any and all promotional venues.

Signature of Client/ Legal Guardian / Advocate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**FOR OFFICE USE ONLY**

Donation**:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered in database: \_\_\_\_\_\_\_\_\_\_\_

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

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_