



Date of Request: _____ County of Residence: _____

Client's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: (____)____-____ Cell No: (____)____-____

SSI/SSDI/VA Yes _____ No _____

Date of Birth: ____/____/____ Age: _____ Gender: _____ Race: _____

E-Mail Address: _____

Are you registered to vote? Yes No
If no, would you like to register? Yes No

Are you a veteran? Yes No

Referred to us by: _____

Do you have a disability that substantially limits major life activity? Yes No

Client's Disability: _____

Signature of Client, Conservator or Personal Representative Date

Relationship to Client: _____

Staff Signature Date



I, _____, hereby request a loan for Durable Medical Equipment from the Community Development Center. This equipment includes but is not limited to scooters, wheelchairs, rollators, ramps and/or bathroom modifications for accessibility. The loan of this equipment is for those seniors 65 and older.

With the acceptance of this loan, I understand and agree that the CDC shall not be liable for any damage by reason of failure of materials or equipment, including but not limited to, wheelchairs, electric scooters, portable ramps, or devices which are made available to me. CDC shall not be held responsible for any direct or consequential damages or losses from the operation or use of items, products or materials which are made available to me.

Dated this the _____ day of _____ 20_____.

Applicant/Client

Community Development Center

Staff