



Date of Request: _____

Return Date of Item(s): _____

CLIENT INFORMATION:

Name: _____ County of Residence: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ - _____

Secondary Phone: _____ - _____

Email Address: _____

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

Emergency Contact/Next of Kin/Power of Attorney #1:

Name: _____ Primary Phone: _____ - _____

Email Address: _____

Relationship to Client: _____

Emergency Contact/Next of Kin/Power of Attorney #2:

Name: _____ Primary Phone: _____ - _____

Email Address: _____

Relationship to Client: _____

- | | |
|--|-------------------------------------|
| 1. Do you currently receive any SSI/SSDI/VA benefits? | Please Check: YES _____ or NO _____ |
| 2. Are you currently registered to vote? | Please Check: YES _____ or NO _____ |
| 3. If not, would you like to register? | Please Check: YES _____ or NO _____ |
| 4. Are you a veteran? | Please Check: YES _____ or NO _____ |
| 5. Do you have a disability that substantially limits major life activity? | Please Check: YES _____ or NO _____ |

Please give a brief explanation of the disability/disabilities you currently face: _____

Referred to us by: _____

Notes: _____



CONSERVATOR OR PERSONAL REPRESENTATIVE INFORMATION:

Name: _____

Primary Phone: _____ - _____

Secondary Phone: _____ - _____

Email Address: _____

Relationship to Client: _____

X _____

Signature of Client, Conservator, or Personal Representative

Date

X _____

Staff Signature

Date

I, _____ (please print Client's name), 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_____.

X _____

Signature of Client, Conservator, or Personal Representative

Date

X _____

Staff Signature

Date



LOAN AGREEMENT

Client Name: _____

Conservator/Personal Representative Name (if applicable): _____

Client Address: _____

Client City, State, Zip: _____

Client Phone: _____ Client Email: _____

Item Description	Inventory Number
1.	
2.	
3.	
4.	
5.	

Terms of Loan Program:

1. The CDC loans the above described equipment to the client listed above on the date set forth below.
2. The client assumes all responsibility for the general maintenance and repair of the equipment and agrees to not hold the CDC responsible for any repair or part replacement. There is no implied warranty or support responsibility as to the equipment by CDC as a part of this loan.
3. If the item rented is a 3-position lift chair, the client agrees to apply scotch guard every 6 months to protect to the life of the item.

I have read, understand, and agree to the above terms.

X _____

Signature of Client, Conservator, or Personal Representative

Date

X _____

Staff Signature

Date



PHOTO RELEASE

I release all rights to the use of video and/or photography that I may be included in to The Community Foundation of Middle Tennessee. I also give permission to use, display, distribute, publish, and copy either digitally or by means of print whether by Internet, CD magazine, brochure, newspaper, TV, or other types of media without restrictions. I also understand that my name may or may not be used with the video and/or photography taken of me or the video and/or photography in which I may be included.

I release the videographer/photographer and any agents associated with the videographer/photographer of any claims, demands, lawsuits, that may arise in connection with the video and/or photography taken.

I am over 18 years of age. I understand the above release agreement is binding upon my signature.

SIGNATURE: _____

SIGNATURE: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

SIGNATURE: _____

SIGNATURE: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

I am the legal guardian of the undersigned. I understand the above release agreement is binding upon my signature.

GUARDIAN'S SIGNATURE: _____

GUARDIAN'S SIGNATURE: _____

Printed Name: _____

Printed Name: _____

Child's Name: _____

Child's Name: _____

Date: _____

Date: _____