



Equipment Loan Intake Form

Equipment is provided free of charge. Please complete all sections.

Date: _____ Intake # (staff use): _____

SECTION 1 — RECIPIENT INFORMATION

Full Name: _____

Street Address: _____

City: _____ State / ZIP: _____

Phone: _____ Email (optional): _____

Preferred contact method: Phone call Text message Email

Emergency contact (optional):

Name: _____ Phone: _____

SECTION 2 — NEED ASSESSMENT

Item(s) needed (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Walker / Rollator | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Cane / Crutches | <input type="checkbox"/> Shower chair / Bench |
| <input type="checkbox"/> Grab bars | <input type="checkbox"/> Raised toilet seat / Rails |
| <input type="checkbox"/> Bed rails | <input type="checkbox"/> Portable ramp |
| <input type="checkbox"/> Transfer equipment | <input type="checkbox"/> Hospital bed |
| <input type="checkbox"/> Knee scooter | <input type="checkbox"/> Other (describe below) |

Please tell us about your needs (medical context, recovery situation, who the equipment is for):

Urgency: Urgent (within days) Soon (1–2 weeks) Planning ahead



Expected duration of need: _____

Expected return date: _____

Has a healthcare provider recommended this equipment?: Yes No Self-determined

Optional Questions (for our records only)

These are completely optional. Answers help us understand who we serve and report accurate statistics to our funders. They are kept confidential and do not affect whether you receive help.

Household size: 1 2 3 4 5 6+ Prefer not to say

Annual household income (check one):

- | | |
|---|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$20,000 – \$35,000 |
| <input type="checkbox"/> \$35,000 – \$50,000 | <input type="checkbox"/> \$50,000 – \$75,000 |
| <input type="checkbox"/> \$75,000 – \$100,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> |

Currently uninsured?: Yes, uninsured Yes, I have insurance Some coverage / not sure Prefer not to say

SECTION 3 — EQUIPMENT HAND-OFF (STAFF COMPLETES)

Item(s) being loaned out (include serial / inventory tag if applicable):

Condition at pickup: Excellent Good Fair Needs further cleaning

Sanitized prior to hand-off: Yes

Recipient inspected and approved condition: Yes

Plan after use: Return to HomeLink Health Keep (permanent) Long-term (no fixed return)

HomeLink staff member: _____

Hand-off date: _____

SECTION 4 — LIABILITY WAIVER, RELEASE & ACKNOWLEDGMENTS

PLEASE READ CAREFULLY BEFORE SIGNING. This is a legal release of liability. By signing this form, you acknowledge and agree to all of the following on behalf of yourself, the person using the equipment if different, and your heirs, family, executors, administrators, and assigns.

1. FREE LOAN. HomeLink Health provides this equipment as a free, no-cost loan. There is no fee. Any donation is voluntary.



2. "AS-IS" — NO WARRANTY. The equipment is provided strictly "AS IS" and "WITH ALL FAULTS." HomeLink Health makes no representations or warranties of any kind, express or implied, including but not limited to warranties of merchantability, fitness for a particular purpose, safety, condition, durability, or absence of defects. The equipment may be donated and previously used. HomeLink Health does not manufacture, repair, or service the equipment.

3. NOT MEDICAL ADVICE. HomeLink Health is not a medical provider. We do not diagnose conditions, prescribe equipment, fit equipment, or provide medical advice. You are solely responsible for confirming with your healthcare provider that the equipment is appropriate for your situation and for being trained on its proper use.

4. INDEPENDENT INSPECTION. You acknowledge that you have personally inspected the equipment, are satisfied with its condition, and accept it in its current state. You have had the opportunity to ask questions and decline the equipment if you are not comfortable with it.

5. ASSUMPTION OF ALL RISKS. You voluntarily assume all risks of any kind associated with the equipment, including but not limited to risks of: equipment failure, malfunction, breakage, mechanical defect, instability, slipping, falling, pinching, electric shock, allergic reaction to materials, infection, exposure to germs or substances, improper fit, improper use, loss, theft, fire, or property damage. You understand that these risks may result in minor or serious injury, permanent disability, or death.

6. FULL RELEASE OF LIABILITY. To the fullest extent allowed by law, you hereby fully and forever RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE HomeLink Health, its founders, directors, officers, employees, volunteers, partners, donors, and affiliated organizations (the "Released Parties") from any and all claims, demands, actions, causes of action, suits, damages, losses, costs, attorney fees, or expenses of any kind, whether known or unknown, foreseen or unforeseen, that arise out of or relate in any way to your use, possession, transport, storage, repair, or return of the equipment. This release applies even if the loss is caused in whole or in part by the ordinary negligence of the Released Parties.

7. INDEMNIFICATION AND HOLD HARMLESS. You agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims brought by any third party (including but not limited to family members, caregivers, guests, or any other user of the equipment while it is in your possession) that arise out of or relate to the equipment.

8. PROPER USE AND CARE. You agree to use the equipment only as intended by the manufacturer, follow any instructions, and not modify the equipment in any way. You will take reasonable steps to keep it safe and clean while in your possession.

9. RETURN. When the equipment is no longer needed, you agree to return it to HomeLink Health in the same condition you received it, normal wear excepted. If the equipment is damaged, lost, stolen, or destroyed while in your possession, you will notify HomeLink Health promptly. HomeLink Health reserves the right to recover the equipment at any time and to discontinue this loan at any time, in its sole discretion.

10. PRIVACY. Information collected on this form will be used solely to coordinate equipment loans, follow up about your needs, and meet record-keeping requirements as a 501(c)(3) nonprofit. It will not be sold or shared outside HomeLink Health except as required by law.

11. GOVERNING LAW. This agreement is governed by the laws of the Commonwealth of Virginia. Any dispute will be resolved in the courts of Rockbridge County or the City of Lexington, Virginia.

12. SEVERABILITY. If any provision of this agreement is found to be unenforceable, the remaining provisions remain in full force and effect.

13. ENTIRE AGREEMENT. This form contains the entire agreement between you and HomeLink Health regarding this equipment loan. It may only be modified in writing signed by both parties.

I HAVE READ THIS FORM CAREFULLY, UNDERSTAND IT, AND SIGN IT VOLUNTARILY.

SECTION 5 — SIGNATURES



**Recipient
signature:** _____

Date: _____

Printed name: _____

If signing on behalf of someone else, your relationship to them:

Relationship: _____

**HomeLink
Health staff
signature:** _____

Date: _____

Staff printed name: _____

SECTION 6 — RETURN RECORD (HOMELINK HEALTH STAFF ONLY)

Leave blank at hand-off. Complete this section when the equipment is returned.

RETURNED *(check or stamp)*

Return date: _____

**Received by
(staff):** _____

Condition on return: Excellent Good Fair Damaged Not returned

Notes (damage, missing parts, cleaning needed, etc.):

Optional: If you are able and wish to support our mission, suggested donations of any amount help us serve more neighbors. Donations are tax-deductible. Speak to a HomeLink Health staff member or visit homelinkhealth.org/donate.