

DURABLE MEDICAL EQUIPMENT APPLICATION

| Applicant's Name: |
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| Address: Telephone: |
| City: State: Zip Code : |
| Birthdate: Sex: Height: Weight: Disability: |
| How many individuals live in your household? |
| Name of parent/guardian, spouse, partner, or next of kin: |
| Equipment Requested: |
| Do you receive Medicaid? Yes No Unsure |
| Are you employed in the community? |
| Military Status: Active Duty National Guard/Reserve Veteran |
| Member Military/Veteran Family (child, spouse or parent) N/A |
| I plan to use this equipment for: (check <u>ONE</u> that applies) |
| At my job In my home/community In an educational setting |
| Check <u>ONE</u> that applies: |
| Without Easterseals I could not afford this |
| The equipment was only available through Easterseals Iowa |
| The equipment was available through other programs, but the system was too complex or long |
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| OPTIONAL - Information is used for tracking purposes only. Information is kept confidential. |
| Please indicate which ethnic group you identify yourself with: |
| African American Asian American Caucasian Hispanic |
| Native American Multiple Ethnicities Other |

| OPTIONAL - Have you received the COVID-19 Vaccine? Yes - I have received one dose Yes - I have received both doses No - I will be declining |
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| Easterseals lowa works with Happy at Home Consulting to conduct quality assurance follow-up calls and to determine if additional assistive technology can assist clients with their independence. As part of our operational practice, the individual receiving the durable medical equipment may receive a call from Happy at Home consulting. |
| Easterseals Iowa Assistive Technology Center does not collect social security numbers, insurance information, nor individual's personal identification. |
| Waiver of Liability The undersigned, individually or as a parent or guardian, in partial recognition of services rendered and benefits conferred by Easterseals lowa, hereby releases and forever discharges Easterseals lowa, its agents and assigns, from any and all claims, demands or actions, causes of actions, or suits of whatsoever kind or nature of damages sustained by the above named client or accruing to the undersigned in consequence of any accident or occurrence resulting from use of durable medical equipment and/or participation in any program of Easterseals lowa, and when the above named client is not on the premises of said Easterseals lowa, and is engaged in any venture or activity solely on his or her own behalf. |
| Signature: Date: |
| Witness: Date: |
| It is Easterseals lowa's intent to make available equipment that is in proper working order. If within 14 days of receiving equipment, the consumer or caretaker determines that it is not in proper working order, Easterseals lowa must be notified immediately. At that time, Easterseals lowa will make every effort to fix the equipment, determine if an exchange can be made, or refund the equipment fee. Delivery fees are not refundable. After 14 days from the original loan date, it is the consumer's responsibility to repair or maintain the equipment or dispose of it properly. |
| For Office Use Only: |
| Equipment Borrowed: |
| Identification Number(s): |
| Check-Out Date: |
| Fee Paid: |
| Return Date: |

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| hat the equipment or service will ty to complete ADL's, access recreational nity. |
| _ Date: |
| Date: |
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* Revised 2023-10-10