DURABLE MEDICAL EQUIPMENT APPLICATION

Applicant's Name: _____

Address: _____ County: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Sex: _____ Height: _____ Weight: _____ Disability: _____

Name of parent/guardian, spouse, partner, or next of kin: _____

Equipment Requested: _____

_____

For our internal data collection purposes:

Check all that apply:

Do you receive Medicaid?	☐Yes	☐No	☐Unsure
Do you have Medicare?	☐Yes	☐No	☐Unsure
Do you have private medical insurance?	☐Yes	☐No	☐Unsure
Are you employed in the community?	☐Yes	☐No	

Military Status: ☐N/A ☐Active Duty ☐National Guard/Reserve

☐Veteran ☐Member Military/Veteran Family (child, spouse or parent)

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

I plan to use this equipment for (check ONE that applies):

☐ At my job ☐ In my home/community ☐ In an educational setting

Check ONE 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.

Easterseals Iowa Assistive Technology Center does not collect social security numbers, insurance information, or an 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 the Easter Seal Society of Iowa, Inc., hereby releases and forever discharges the Easter Seal Society of Iowa, Inc., its agents and assigns, from any and all claims, demands, or actions, causes of actions or suits of whatsoever kind or nature for damages sustained by the participant identified below or accruing to the undersigned in consequence of any accident or accruing resulting from the participation in any activity or program of the Easter Seal Society of Iowa, Inc., and when the participant identified below is not on the premises of said Easter Seal Society of Iowa, Inc., and is engaged in any venture or activity solely on his or her own behalf.

Upon confirmation by a team member that the requested equipment is available, it will remain available for one week (5 business days) before it is reassigned.

In place of a handwritten signature, a typed name, role (self, guardian, case manager, medical provider, other), and date will acknowledge your understanding of your obligations and agreements for this loan.

Signature: _____ Date: _____

It is Easterseals Iowa's intent to make available equipment that is in proper working order. If within 14 days of receiving the equipment, the consumer or caretaker determines that it is not in proper working order, Easterseals Iowa must be notified immediately. At that time, Easterseals Iowa 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: _____

To be completed by a physician, physical therapist, or other medical professional.

Patients Name: _____

Name and address of physician, physical therapist, or other medical professional:

_____

Diagnosis (list all disabling conditions):

_____

ICD 10 code(s) for diagnosis:

_____

Equipment requested:

_____

_____

The educational/medical professionals signature below indicates that the equipment or service will enhance the applicants' health / well-being by assisting in their ability to complete ADL's, access recreational opportunities, and / or promote inclusion within their home / community.

Signature: _____ Date: _____

Printed Signature: _____ Date: _____

Revised 2025-02-28