



Assistive Technology and Resources for All Ages

7125 Riverwood Drive, Suite D1
 Columbia, MD 21046 • loancloset@howardcountymd.gov
 410-313-0363 (VOICE/RELAY) • 410-313-0369 (FAX)

www.howardcountymd.gov/loancloset

HEALTHCARE REFERRAL FORM

APPOINTMENTS REQUIRED TO PICK UP EQUIPMENT

Please complete form in its **entirety**
Please Fax or email to The Loan Closet DIRECTLY
Fax: 410-313-0369

Email: loancloset@howardcountymd.gov

Staff will make 2 attempts to contact client
 Client must be able to load equipment independently

CLIENT INFORMATION – CLIENT OR CAREGIVER MUST BE A HOWARD COUNTY RESIDENT

First & Last Name		Date
Street Address		
City	State	ZIP
Phone	E-mail Address	
DOB	HT:	WT:

REFERRING HEALTH CARE PROVIDER

Name	Title	License #
Organization		
Address	City/State	Zip
Phone	E-mail Address	

EQUIPMENT IS SUBJECT TO AVAILABILITY

<p><u>Bathing</u></p> <p>Shower Seat</p> <p><input type="checkbox"/> No Back</p> <p><input type="checkbox"/> With Back</p> <p><input type="checkbox"/> With Back & Arms</p> <p><input type="checkbox"/> Any Available</p> <p>Tub Transfer Bench</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Bariatric</p> <p><u>Dressing</u></p> <p><input type="checkbox"/> Dressing Stick</p> <p><input type="checkbox"/> Shoe Horn</p> <p><input type="checkbox"/> Leg Lifter</p> <p><input type="checkbox"/> Sock Aid</p> <p>Reacher</p> <p><input type="checkbox"/> Long</p> <p><input type="checkbox"/> Short</p> <p><input type="checkbox"/> Any Available</p>	<p><u>Toileting</u></p> <p>Bedside Commode</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Bariatric</p> <p><input type="checkbox"/> Drop Arm</p> <p><input type="checkbox"/> Toilet Safety Rails</p> <p>Elevated Toilet Seat</p> <p><input type="checkbox"/> No Arms</p> <p><input type="checkbox"/> With Arms</p> <p><u>Transfers</u></p> <p><input type="checkbox"/> Bedrail</p> <p>Transfer Board</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Beasy</p> <p><input type="checkbox"/> Gait Belt</p>	<p><u>Mobility Items</u></p> <p><u>Cane</u></p> <p><input type="checkbox"/> Single Point</p> <p><input type="checkbox"/> Quad Small Base</p> <p><input type="checkbox"/> Quad Large Base</p> <p><u>Crutches</u></p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Forearm</p> <p><u>Walker</u></p> <p><input type="checkbox"/> Two Wheeled</p> <p><input type="checkbox"/> Standard (no wheels)</p> <p><input type="checkbox"/> Hemi</p> <p><u>Walker Accessories</u></p> <p><input type="checkbox"/> Balls/Slides</p> <p><input type="checkbox"/> Basket Tray</p> <p><input type="checkbox"/> Platform __left __right</p>	<p><u>Wheelchair</u></p> <p><input type="checkbox"/> Manual/Standard</p> <p><input type="checkbox"/> Transport</p> <p><u>Wheelchair Cushion</u></p> <p>Seat Depth: Width:</p> <p><u>Rollator (PT/OT Only)</u></p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Bariatric</p> <p><u>Provider Notes & Other Requests:</u></p>
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- I am a health care professional, acting within my scope of practice, and have the authority to recommend the identified equipment. **Provider Initials** _____
- In my professional judgement, the above-named client is able to safely use the identified equipment.
 I will provide and/or have provided training to client/caregiver
 Client is able to use independently without additional training
- Is this equipment needed for:
 Short-term basis (less than 90 days) Are you submitting under client's insurance benefit YES NO
 Long-term basis If NO why? _____

Provider Signature: _____ **Date:** _____

CLIENT NAME:		DATE:	
PERSON PICKING UP EQUIPMENT			
Name			
Address			
City		State	ZIP
Phone		E-mail Address	
LIABILITY WAIVER AND RELEASE AGREEMENT			
<p>This agreement is a release of all rights to sue for injuries or death resulting from the donated, loaned, modified or repaired equipment received from the Howard County Loan Closet (hereinafter HCLC). The RECIPIENT, for him/her self and on behalf of CLIENT, expressly assumes all risks related in any way to the use or appropriateness of this equipment. RECIPIENT/CLIENT understands HCLC is not qualified to advise on the appropriateness of any medical equipment and further recommends seeking advice of professionals before purchase or use of equipment. RECIPIENT/CLIENT acknowledges upon receipt of said equipment that they will immediately verify that the equipment is in good working condition and that he/she will examine it to inspect its condition and identify any defects before putting equipment in use. RECIPIENT/CLIENT also understands that, Equipment Connections for Children, Maryland Department of Disabilities, Maryland Technology Assistance Program and Rebuilding Together Howard County, and Howard County, MD and their employees, volunteers, owners, officers, directors, agents, or insurers (hereinafter "Releasees"), shall not be held liable or responsible in any way for injury, death, or other damages to the RECIPIENT/CLIENT or his/her family, heirs or assigns which may occur as a result of the donated, loaned, repaired or modified equipment, or as a result of product defect, wear and tear, or the negligence of any party, including Releasees whether passive or active.</p> <p>RECIPIENT/CLIENT hereby agrees as follows:</p> <ol style="list-style-type: none"> RECIPIENT/CLIENT has inspected the Equipment, and has determined that the Equipment is usable, functioning, and in otherwise safe condition. RECIPIENT/CLIENT acknowledges that he/she is accepting and taking ownership of the Equipment "as is" and "with all faults," and that Equipment Connections for Children, Maryland Department of Disabilities, Maryland Technology Assistance Program and Rebuilding Together Howard County, and Howard County, Maryland, collectively, doing business as the "Loan Closet of Howard County," have disclaimed all warranties. There is no warranty that the Equipment will be fit for a particular purpose. RECIPIENT/CLIENT acknowledges that he/she assumes all risks resulting from the ownership and/or use of the Equipment. RECIPIENT/CLIENT hereby releases, discharges, indemnifies, and agrees not to sue Equipment Connections for Children, Maryland Department of Disabilities, Maryland Technology Assistance Program, Rebuilding Together Howard County, and Howard County, Maryland, or "Loan Closet of Howard County," or any of their respective officers, directors, officials, agents, employees, volunteers, or insurers (the "Releasees") on account of any injury, loss or damage, including death and/or damage of any kind to person or property, caused directly or indirectly, or in any way arising out of the Equipment, whether such injury or loss was caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise. RECIPIENT/CLIENT shall hold harmless and indemnify the Releasees from any claim of liability for any losses or damages allegedly caused by the equipment. Upon the CLIENT's discontinuation of the use of the Equipment, RECIPIENT/CLIENT agrees to consider donating the Equipment back to the Loan Closet of Howard County. 			
APPLICATION PERIOD			
<p>Due to high demand, certain pieces of equipment will have TIME LIMIT OF 30 DAYS. The following is a list of equipment with a time limit: **The HCLC reserves the right to add or modify list of equipment as needed**</p> <ol style="list-style-type: none"> Manual Wheelchairs Transport Wheelchairs 			
<p>Disclaimer and Signature – Consumers must be able to load, and unload donated and/or received equipment independently</p> <p><i>I hereby certify that: (1) I have viewed the demonstration video and/or received instruction sheets and demonstration on all equipment by Loan Closet Staff/Volunteers for the equipment that I will be using, (2) I understand the proper operation of this piece(s) of equipment, and (3) I have been given an opportunity to ask any questions that I have regarding the equipment's operation.</i></p> <p><u>LOAN CLOSET STAFF RESERVES THE RIGHT TO DECLINE ANY REQUEST TO RECEIVE EQUIPMENT IF STAFF DETERMINES, IN ITS SOLE AND ABSOLUTE DISCRETION, THAT ALL SAFETY CONCERNS REGARDING THE USE OF SUCH EQUIPMENT HAVE NOT BEEN SATISFACTORILY ADDRESSED.</u></p>			
I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT			
SIGNATURE		Date	
PRINTED NAME			
<i>For Office Use only:</i> Return Demonstration Provided on All Equipment _____		Entered ____/____/____	Scanned ____/____/____
		Updated 3/30/2020	