

**Important!!
All
Information
Required.**

CARE PROJECT

'Community Assisting the Re-Use of Equipment'
2125 East South Blvd.
Montgomery AL 36116-2454
(334)387-3282 FAX (334)288-7171

Date of Request _____

Date Device Received _____

Name of Person filling out this form _____

(Name of Recipient, or Applicant, if Organization) _____

Date of Birth _____ Ethnicity (race) _____ Gender: Male Female

Street Address _____ City _____

State _____ Zip _____ County _____ Rural Urban

Phone Number (_____) _____ Email _____

What is your Disability (Situation that has arisen that requires the use of the requested equipment)?

Device(s) Requested: _____

How did you hear about The CARE Project: (Please choose "1" of the following "14" choices)

- Health Organization
 - Blind and Deaf Services
 - Dept. of Human Resources
 - Hospital or Doctor's office
 - Vocational Rehabilitation
 - Dept. of Education
 - Word of Mouth
 - Early Intervention
 - Independent Living Resources
 - STAR Program/website
 - SAIL Program
 - CRS
 - Web Search
- Name of Referrer/Counselor: _____**

Will the device be used by a client of CRS (Children's Rehab Services)? Yes No

Primary use of equipment: (Please choose "1" of the following "4" choices)

- Education
- Community Living (Daily Living Needs)
- Employment
- Information Technology

Why did you choose The CARE Project? (Please choose "1" of the following "4" choices)

- Affordability (Could not afford the equipment anywhere else) (Insurance would not afford)
- Availability (Equipment was only available through The CARE Project)
- Accessibility (Other options were too complex or time consuming, including wait times)
- Other (explain) _____


Overall Satisfaction with our service: (Please choose "1" of the following "4" choices)

- Not at all Satisfied
- Satisfied Somewhat
- Satisfied
- Highly Satisfied

Please Complete Both Sides

Receipt and Return Agreement

I do hereby certify that I have received items furnished by The CARE Project. I further certify that I know that the equipment is reused equipment and that I am responsible for determining if it is safe and operational. I further agree and understand that I am responsible for maintaining the equipment in good working order. I also acknowledge and agree that the equipment is and from here on will be the sole property, and under ownership of, the recipient of/or applicant for equipment and that The CARE Project no longer has any responsibility for maintaining the equipment, including the replacement of any parts or batteries or any other item needed to keep or ensure the equipment is safe and operational.

 **Initial** _____

Hold Harmless Agreement

The recipient of/or applicant for equipment from the CARE Project hereby agrees to indemnify and hold harmless the Alabama Department of Rehabilitation Services, Easter Seals of Central Alabama and the STAR Program, their servants, agents, employee or volunteers for and against any and all liability, loss, damages, cost, claims, and expenses, including any court costs or attorney fee (whether or not litigation is commenced) of whatever nature or type, that may arise from the recipient or applicant's receipt of/or application for equipment held by the CARE Project. The recipient of any equipment from the CARE Project hereby released any claim for himself, his helps or assigns which may now or in the future have against the Alabama Department of Rehabilitation Services, Easter Seals of Central Alabama or STAR or any of their servants, employees, agents, or volunteers arising out of the loan/use or ownership of the said equipment.

 **Initial** _____

Photo Release and Consent

In the interest of public awareness related to Reused Assistive Technology, I, the undersigned, grant my permission for the taking of photographs or motion pictures or the production of video tape recordings or other visual and/or auditory recordings and printed materials by The CARE Project and its representatives. I also grant The CARE Project and its representatives permission to distribute these materials through printed materials, video, audio, social media (such as Facebook), and other websites. Additionally, I authorize The CARE Project to use my name, likeness, performance or other information for publicizing and promoting such use until I inform the Center otherwise.

Please write any limitations to above Consent below. (If none, write "none.")

 **Initial** _____



Signature of the Applicant, Agent, Patient or Guardian

Date

----- for office use only -----

Device _____ Inv. No. _____ Value (new) _____

Device _____ Inv. No. _____ Value (new) _____

Device _____ Inv. No. _____ Value (new) _____

Device _____ Inv. No. _____ Value (new) _____

Signature of Employee _____ Date _____

