

Responsible Person's Last Name: \_\_\_\_\_

Date Equipment Issued: \_\_\_\_\_

Planned Return Date: \_\_\_\_\_

**Valley Charities, Inc.**  
DBA: turn A leave Thrift Store  
400 N. Yenlo  
Wasilla, Alaska 99654

Phone: (907) 376-5708 Fax: (907) 376-5792

**Medical Equipment Lending Agreement**

Responsible Person: \_\_\_\_\_

User Gender: Male Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

User Age Range: 1 to 5 yrs. 6 to 17 yrs. 18 to 49 yrs.  
50 to 80 yrs. 80+ yrs.

**How were you referred to the Medical Equipment Loan Program? (Circle One Below)**

Responsible Person's Phone #: \_\_\_\_\_

Self Family Friend Health Professional  
or Word of Mouth

User's Name (Printed): \_\_\_\_\_

Revised Return Date: \_\_\_\_\_

I, \_\_\_\_\_ have read and understand the listed guidelines. Furthermore, I agree to the terms and conditions of these guidelines.

Responsible Person Name (Printed) \_\_\_\_\_

Responsible Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>CANE-\$26.00</b>	Date Returned:	<b>Crutch-\$94.00</b>	Date Returned:	<b>BED-\$1,800.00</b>	Date Returned:
<b>WHEELCHAIR-\$600.00</b>	Date Returned:	<b>WALKER-\$125.00</b>	Date Returned:	<b>SHOWER SEAT-\$97.00</b>	Date Returned:
<b>COMMODE-\$125.00</b>	Date Returned:	<b>KNEE WALKER-\$300.00</b>	Date Returned:	<b>TRANSFER BENCH-\$97.00</b>	Date Returned:
<b>OTHER</b>	Date Returned:				

Returned Verification:

Responsible Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Equipment Issued: \_\_\_\_\_

Date to Return Equipment: \_\_\_\_\_

TO: ALL MEDICAL EQUIPMENT BORROWERS

FROM: VALLEY CHARITIES, INC.

In an effort to serve your medical equipment needs in a safe and efficient manner;

1. **MEDICAL EQUIPMENT WILL NO LONGER BE ISSUED AFTER 5 P.M.** due to the lack of appropriate staff levels. However, there is one exception; if you call by 1 p.m., we can arrange to have the medical equipment pulled and waiting for you on the same day.
2. **STORE STAFF WILL NO LONGER BE ABLE TO ASSIST MOVING HOSPITAL BEDS FROM YOUR VEHICLES AFTER 3 P.M.** Please be aware that we do not have the appropriate staff levels after 3 p.m. to safely move hospital beds.

Despite these changes, you still have ample opportunity to borrow or return medical equipment six days a week.

*Monday to Saturday 10 a.m. to 3 p.m.*

We are pleased to have this money saving resource available for you to use.

***Thank you for your continued support  
of the Medical Equipment Program***

10/5/2017

**MEDICAL EQUIPMENT LENDING AGREEMENTS  
INSTRUCTIONS**

**NEW TWO PART MEDICAL EQUIPMENT AGREEMENT PACKETS**

**I. RESPONSIBLE PERSON BORROWING EQUIPMENT:**

**IMPORTANT!!!!**

1. THE WRITING ON THE AGREEMENT **MUST BE LEGIBLE TO READ**
  - a. **IF NOT**, PLEASE TALK WITH THE BORROWER FOR THE INFORMATION THAT IS UNCLEAR AND PRINT NEXT TO THE APPROPRIATE AREA.
2. **MEDICAL EQUIPMENT DOES NOT LEAVE** UNLESS ALL AREAS ON THE FORM NEED ARE FULLY COMPLETED.
3. **MEDICAL EQUIPMENT DOES NOT LEAVE** UNLESS THE PRINTED NAME AND SIGNATURE OF THE RESPONSIBLE PERSON HAVE ACKNOWLEDGE READING AND AGREEING TO THE GUIDELINES LISTED ON THE STAPLED PAGE.
4. MEDICAL EQUIPMENT NUMBERS ARE LISTED IN THE CORRECT BOX ON THE EQUIPMENT CHART
5. SEPARATE THE WHITE COPY FROM THE OTHER COPIES.
6. THE RESPONSIBLE PERSON SHOULD TAKE THE YELLOW COPY OF MEDICAL EQUIPMENT AGREEMENT AND STAPLED DOUBLE-SIDED PAGE.
7. THE WHITE COPY GOES BACK TO THE OFFICE FOR PROCESSING.

**II. RESPONSIBLE PERSON RETURNING THE BORROWED MEDICAL EQUIPMENT**

1. *MEDICAL EQUIPMENT IS CHECKED FOR CLEANLINESS AND ANY DAMAGE*
2. NOTATIONS NEED TO BE IN THE APPROPRIATE CHART BOX ACKNOWLEDGING THE CONDITION OF THE RETURNED EQUIPMENT IN CONJUNCTION WITH THE DATE RETURNED.
3. RESPONSIBLE PERSON SIGNS AND DATES THE BOTTOM OF OUR WHITE COPY.
  - a. IF REQUESTED YOU CAN MAKE A COPY OF THE WHITE FORM FOR THEM.
4. WHITE COPY GOES BACK TO THE OFFICE FOR PROCESSING.

**Valley Charities, Inc.**

DBA: turn A leaf Thrift Store

400 N. Yenlo

Wasilla, Alaska 99654

Phone: (907) 376-5708

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Dear Fellow Valley Resident,

Valley Charities, Inc. and turn A leaf Thrift Store staff are delighted to provide the medical equipment lending program in your time of need. The medical equipment lending program has supported Valley residents for several decades at no cost, and we need your help so that this program can continue to thrive and assist more people in the Valley. Unfortunately, this lending program does not come without a cost to preserve the medical equipment.

Additionally, Valley Charities, Inc. and turn A leaf Thrift Store do not have the means to support unnecessary neglect to the medical equipment. Your respectful care of the medical equipment will enable a prompt return to service for other Valley residents, and save us money that we can apply to our other valuable service programs.

**IMPORTANT! BORROWERS/USERS ARE ENCOURAGED TO SEEK THE ADVICE OF A QUALIFIED PROFESSIONAL ON PROPER USE OF ALL MEDICAL EQUIPMENT.**

**Guidelines:**

- 1. THE BORROWER OR USER MUST BE A RESIDENT OF THE MAT-SU VALLEY.**
- 2. THE MAXIMUM LOAN TIME IS SIX MONTHS FROM THE ORIGINAL LOAN DATE.**
- 3. THE MEDICAL EQUIPMENT MUST NOT LEAVE THE STATE OF ALASKA.**
- 4. ALL MEDICAL EQUIPMENT CAN BE RETURNED WITHIN 30 DAYS OF THE SCHEDULED RETURN DATE. (Monday-Saturday 10 A.M.-3 P.M.)**
- 5. THE MEDICAL EQUIPMENT MUST ONLY BE USED FOR ITS INTENDED PURPOSE.**
- 6. PLEASE RETURN THE MEDICAL EQUIPMENT CLEAN AFTER YOU HAVE USED IT.**
- 7. ANY DAMAGE TO THE MEDICAL EQUIPMENT WILL BE PAID BY THE BORROWER/USER.**
- 8. ALL LOANED MEDICAL EQUIPMENT REMAINS THE PROPERTY OF VALLEY CHARITIES, INC.**

**VALLEY CHARITIES, INC. AND turn A leaf Thrift Store WILL BE HELD HARMLESS FOR ANY AND ALL DAMAGE OR INJURY RESULTING FROM THE USE OR ABUSE OF LOANED MEDICAL EQUIPMENT.**