

## PROJECT MEND INTAKE APPLICATION

DURABLE MEDICAL EQUIPMENT SERVICE

FITTED MOBILITY SERVICE

DATE			REFERRED BY		
NAME		COUNCIL DIST. #		PRECINCT#	
ADDRESS			COUNTY		
CITY		STATE	ZIP CODE		DATE OF BIRTH
					AGE:
TELEPHONE			SOCIAL SECURITY #		
DIAGNOSIS		MR #		HEIGHT	WEIGHT

### CLIENT DEMOGRAPHICS

*(Please check appropriate box)*

<b>GENDER</b>	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
	Female Head of Household	<input type="checkbox"/>
<b>VETERAN, MILITARY PERSONNEL, FAMILY MEMBER</b>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
<b>AGE GROUP</b>	0-18	<input type="checkbox"/>
	19-34	<input type="checkbox"/>
	35-59	<input type="checkbox"/>
	60+	<input type="checkbox"/>
<b>ETHNICITY</b>	White/Anglo	<input type="checkbox"/>
	Hispanic/Spanish	<input type="checkbox"/>
	African American/Black	<input type="checkbox"/>
	A.Indian/Eskimo/Aleut/Othr	<input type="checkbox"/>
<b>INSURANCE</b>	Medicaid	<input type="checkbox"/>
	Medicare	<input type="checkbox"/>
	County Hospital <small>(CARELINK, GOLD CARD, NUÉCES AID, etc.)</small>	<input type="checkbox"/>
	Veteran's Insurance	<input type="checkbox"/>
	Private Insurance	<input type="checkbox"/>
	None	<input type="checkbox"/>
<b>LIVING ARRANGEMENTS</b>	Alone	<input type="checkbox"/>
	W/ Spouse	<input type="checkbox"/>
	W/ Family	<input type="checkbox"/>
	W/ Non-Family	<input type="checkbox"/>
	Nursing/Retirement Facility	<input type="checkbox"/>
	Homeless	<input type="checkbox"/>

### MONTHLY INCOME SOURCE(S)

**VET, Military, Family:** EXEMPT INCOME

**COSA CDBG:** LIMITED CLIENTELE

SSI / SSDI: \_\_\_\_\_

AFDC/TANF: \_\_\_\_\_

Child Support: \_\_\_\_\_

Family/Friends: \_\_\_\_\_

Wages/Salary: \_\_\_\_\_

Pension/Retirement: \_\_\_\_\_

Other: \_\_\_\_\_

TTL Monthly Income: \_\_\_\_\_

**Annual Income:** \_\_\_\_\_

**\*\*\*If ZERO income, Narrative Required on Income Certification Form\*\*\***

PROJECT MEND STAFF ONLY:

COSA-CDBG     Bexar County     JEREMIAH     Other Area (UT)     COASTAL BEND(UT)

ALAMO AREA (UT)     Children     Alcoa     Greehey

Updated: 03/17/2010

## SERVICE AGREEMENT

Project MEND agrees to provide \_\_\_\_\_ the refurbished equipment listed below to assist you in increasing your mobility needs that have been identified by your doctor.

Item ID	Equipment	Size	Quantity	Inventory Number	Donation	Date of Issuance

**Conditions of the Service Agreement:**

- By signing this agreement and accepting the issued equipment you agree to: **(Please initial the following)**
- \_\_\_\_\_ Keep the equipment at the address you have provided and to notify Project MEND of your new address and phone number should you move or should your phone number change.
  - \_\_\_\_\_ Be responsible for any repairs and maintenance to the equipment after the 30 day expiration date.
  - \_\_\_\_\_ That you will not transfer/loan or give this equipment to any other person or allow any other person to use this equipment which has been deemed a medical necessity by your physician.
  - \_\_\_\_\_ Use the equipment as your doctor has recommended for medical purposes or rehabilitation.
  - \_\_\_\_\_ Use the equipment in the manner recommended by the original manufacturer of the equipment.
  - \_\_\_\_\_ Accept full responsibility and indemnify and hold harmless Project MEND and its partner agencies against all claims, costs, expenses, damages and liability resulting from or pertaining to the use or operation of the equipment during the term of this agreement while you use this equipment.
  - \_\_\_\_\_ I acknowledge that I have received printed instructions for the issued equipment.
  - \_\_\_\_\_ I understand that the equipment I am receiving from Project MEND has been donated and therefore does not come with any manufacturer warranties or guarantees.
  - \_\_\_\_\_ Recipient acknowledges that the equipment is in good working condition and that he/she has examined the equipment to inspect its condition and identify any defects.
  - \_\_\_\_\_ I have read and understand that this is a service agreement and not a contract for sale or purchase of this equipment.

**Client/Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project MEND Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>PROJECT MEND Staff ONLY:</b>		
<b>Original Intake Date:</b> _____	<b>Original Grant:</b> _____	<b>Current GRANT:</b> _____



# INCOME ELIGIBILITY CERTIFICATION

Client Name \_\_\_\_\_

1. I do hereby certify that I have provided, to the best of my knowledge, the total gross annual income received during the past 12 months required to determine eligibility to participate in any Project MEND related program. \$ \_\_\_\_\_, annually. ***I understand that information in regards to my gross income is necessary to determine eligibility.***
2. Including yourself, how many persons live in your household? \_\_\_\_\_.

\_\_\_\_\_  
 Client or Representative (Relationship to Client) Date

\_\_\_\_\_  
 Project MEND Staff Signature Date

FY 2009 Income Limit Area	FY 2009 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	<a href="#">Very Low (50%) Income Limits</a>	\$20,000	\$22,900	\$25,750	<b>\$28,600</b>	\$30,900	\$33,200	\$35,450	\$37,750
Bexar County	<a href="#">Extremely Low (30%) Income Limits</a>	\$12,000	\$13,700	\$15,450	<b>\$17,150</b>	\$18,500	\$19,900	\$21,250	\$22,650
	<a href="#">Low (80%) Income Limits</a>	\$32,050	\$36,600	\$41,200	<b>\$45,750</b>	\$49,400	\$53,050	\$56,750	\$60,400

NOTE: Bexar County is part of the San Antonio, TX HUD Metro FMR Area. The San Antonio, TX HUD Metro FMR Area contains the following areas: Bandera County, TX ; Bexar County, TX ; Comal County, TX ; Guadalupe County, TX ; and Wilson County, TX . Income Limit areas are based on FY 2009 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2009 [Fair Market Rent documentation system](#).

**IF NO INCOME, PROVIDE SELF CERTIFICATION OF FINANCIAL SUPPORT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## MEDIA RELEASE STATEMENT

By my signature on this form, I acknowledge receipt of this document and give permission to Project MEND and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Project MEND if any changes to my situation occur that will impact this media release permission.

**I have read the above release and am aware of its contents.**

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

Print Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CLIENT DENIED MEDIA RELEASE**