

**SERVICE AGREEMENT**

ME Reuse  
 AT Financial Aid

DATE		REFERRED BY			
CUSTOMER NAME		SOCIAL SEC # VERIFIED		Y <input type="checkbox"/>	N <input type="checkbox"/>
ADDRESS		COUNTY			
CITY	STATE		ZIP CODE		
DOB	GENDER	MALE	HEIGHT (Ft)	1	(In) 0
PHONE #		DIAGNOSIS (Reason for Medical Equipment)			
<b>INSURANCE (Check all that apply)</b>					
<input type="checkbox"/> TRICARE	<input checked="" type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE	

**INCOME DETERMINATION**

Project MEND provides discounted service fees to individuals that qualify as income eligible under the HUD Income Guidelines. Additional income documentation is required at the time of the intake appointment for individuals seeking discounted service fees. For those not meeting these requirements, the standard fees apply.

**MONTHLY INCOME SOURCE(S)**

SSI/SSDI: _____	Wages/Salary: _____
Other: _____	Pension/Retirement: _____
AFDC/TANF: _____	<b>TTL Monthly Income: \$ 0.00</b>
Child Support: _____	<b>Annual Income: \$ 0.00</b>
Family/Friends: _____	# Of People in Household: <b>1</b> (Including Client)

**EXEMPT INCOME** (Veteran, Surviving Spouse, Dependent)

**Discounted Fee\***       **Standard Fee**

If NO INCOME and requesting the discounted service fee, a self-certification statement must be provided below stating how the customer is financially supported:

**WAIVER AND RELEASE OF LIABILITY**

I have carefully read and understand that by signing this agreement, exempt and release Project MEND and any collaborating partners and all related entities from personal injury, property damage, or wrongful death as a result of accepting and receiving donated, distributed, or repaired equipment, however caused, including, but not limited to, product liability or negligence of the released parties, whether passive or active.

**CONDITIONS OF THE SERVICE AGREEMENT FOR ASSISTIVE TECHNOLOGY (AT) FINANCIAL AID PROGRAM**

As funding is available, Project MEND may assist eligible customers with financial assistance to purchase one assistive technology device within the fiscal year (Oct 1<sup>st</sup>-Sept 30<sup>th</sup>). The customer agrees that any issue with an assistive technology device are to be negotiated between the customer and the vendor/manufacture. Project MEND will not be held liable for or negotiate any disputes between customer and vendor/manufacture.

**CONDITIONS OF THE SERVICE AGREEMENT FOR MEDICAL EQUIPMENT (ME) REUSE PROGRAM**  
**By accepting services from Project MEND, customer understands and agrees to the following:**

1. Customer will keep the equipment at their home address provided and notify Project MEND of any changes in their address or phone number.
2. Project MEND will repair or replace medical equipment from the original date of intake up to 30 days after issuance. **After the 30 day repair period the customer will be charged applicable fees.** Customer must notify Project MEND for any repairs or maintenance needed to the equipment.
3. The equipment will NOT be transferred, loaned, given to or used by any person other than the customer it was assigned to. All equipment remains the property of Project MEND.
4. If it is determined that the equipment issued to the customer was dismantled, tampered with, or destroyed in any way, Project MEND reserves the right to refuse further services to the customer.
5. Customer must use the equipment as recommended by their doctor or medical professional.
6. Customer acknowledges the equipment they are receiving from Project MEND has been donated and therefore, does not come with any manufacturer warranties or guarantees
7. Customer must return previously issued medical equipment, no longer being used to Project MEND before additional services or equipment is provided.
8. All equipment provided by Project MEND has a life expectancy of 2 years, therefore it is the client's responsibility to take care of the equipment. Customer must notify Project MEND for any repairs or maintenance needed to the equipment.
9. Delivery is required for all Hospital Beds and Electric Hoyer Lifts. If delivery is not selected by the customer, the customer waives their right to Project MEND's initial 30-day repair policy described in #2 above.
10. The customer has 24 hours to pick up equipment at the warehouse, unless other arrangements are made beforehand. Otherwise, the equipment will go back into inventory and may be issued to someone else.
11. I have read and understand that this is a service agreement and not a contract for sale or purchase of this equipment.

**MEDIA RELEASE STATEMENT**

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.

ACCEPT       DECLINE

**ACKNOWLEDGEMENT**

I agree and acknowledge to the conditions of the service agreement above. I certify under penalty of perjury that the information I have provided on this service agreement is true and complete to the best of my knowledge, including information about residency and client income as applicable.

\_\_\_\_\_  
**CLIENT OR CLIENT REPRESENTATIVE**

\_\_\_\_\_  
**(RELATIONSHIP TO CLIENT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROJECT MEND STAFF SIGNATURE**

\_\_\_\_\_  
**DATE**

Interpreted By: \_\_\_\_\_