

KC HELP SERVICE RECORD

Client Name			Veteran? Yes__ No__		
Home Address:			Ht _____ Wt _____		
City		ZIP		Phone	
Contact Person:			Phone		
SERVICE SUMMARY DESCRIPTION					
<p>On the date below, we volunteers, acting on behalf of The KC HELP, provided directly or delivered and installed the durable medical equipment indicated below to the client identified above. We also instructed the client or his/her family members [or caretaker] on the proper use, safety features, operating methods, and limitations associated with use of this equipment. The instruction was understood, as attested in the Liability Release below. Client agrees to notify KC HELP and return the equipment when no longer needed by the Client.</p>					
EQUIPMENT LOANED					
Prepared By		Date		Assisting Volunteer Names	
Equipment Transported By		Miles traveled		KC HELP Volunteer hours for this delivery	
Equipment Type	Equip. ID #	Sat?	Equipment Type	Equip. ID#	Sat?
Hospital Bed			Commode		
Over-The-Bed Table			Bathtub Stool - Bench		
Standard Wheel Chair			Bath Support Bar		
Electric Wheel Chair			Toilet Seat Riser		
Wheel Chair Ramp			Walker		
Lift Chair			Trapeze		
Other (describe)			Other (describe)		
Other (describe)			Other (describe)		
Other (describe)			Other (describe)		

RELEASE OF LIABILITY

I, _____, accept the equipment above in the as-is condition.

CLIENT NAME

In consideration for the use of this equipment, I agree to hold harmless The KC HELP, its officers, employees, agents, and volunteers from any and all claims arising from the use of equipment provided to me by The KC HELP. I agree to promptly notify The KC HELP if any problems arise with this equipment, and cease its use until inspected and repaired by The KC HELP. The proper use of the equipment has been explained and understood by me. I acknowledge that I am aware of the proper use of the equipment, safety features, and operating methods and limitations. I accept all risk involved in using this equipment. I have read or have had this read to me and I understood this agreement, a signed copy of which is being retained both by myself and by The KC HELP.

Client Signature

Date/Time

Witnessed By

Call (509) 212-0900, Fax (509) 792-1110, or Mail to our Tri Cities Regional Operations Center at 324 W Margaret St, Pasco WA 99301. Please visit us for additional service or equipment return

White to KC HELP Administrator, Yellow to Client

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