

LOAN CLOSET APPLICATION

Chippewa-Luce-Mackinac Community Action Agency
 524 Ashmun, Sault Ste. Marie, MI 49783
 (906) 632-3363

Name: _____ **Emergency Contact:** _____

Address: _____ **Address:** _____

Phone: _____ **Phone:** _____

Birthdate: _____ **Physician** _____

The following equipment was loaned to me by CLM-Community Action Agency. I understand and agree to hold CLM-Community Action Agency harmless from any liability, damages or injury to myself or others, which may have resulted from use of the equipment on loan from CLM-Community Action Agency.

At the time the equipment is no longer needed, I understand and agree that I am responsible to return equipment to CLM-Community Action.

CANES	TOILETING	WALKERS/WHEELCHAIRS	
4-Pronged	Commode	Accessory Basket	
Blind	Elongated Riser	Aluminum	
Regular	Elongated Riser (w/arms)	Aluminum (w/2 wheels)	
CRUTCHES	Round Riser	Aluminum (w/4 wheels)	
Small	Round Riser (w/arms)	Seated w/brakes (Strollator)	
Medium	Support Rails	Wheelchairs	
Large		Wheelchairs Youth	
GRAB BARS			
Tub Attachment	SHOWER EQUIP		
Wall - Permanent	Shampoo Tray		
Wall - Suction	Shower Seat - (no back)		
TABLES/TRAYS	Shower Chair - (w/back)		
Bedside - (no wheels)	Transfer Bench - (no back)		
Bedside - (w/wheels)	Transfer Bench - (w/back)		
OTHER:	OTHER:	OTHER:	

Estimated Equipment Return Date: _____

Date of Request To Return Equipment: _____ Staff Initial: _____

Date of Equipment Return: _____ Staff Initial: _____

CLIENT SIGNATURE: _____ **DATE:** _____

[Type here]

CAA REPRESENTATIVE: _____ **DATE:** _____