

Required Documents

➤ Nevada Photo ID and Proof of Nevada Address

➤ Application

➤ Proof of Household Income

➤ Release Form - Must be signed by applicant

(Exceptions may be made for pick-ups after form is signed or with Power of Attorney documentation)

➤ Prescriptions Required

Nebulizer / Walker with Seat / Liquid Nutritional Supplements / Diabetic Test Strips /
Power Operated Vehicles (Scooters) / Blood Pressure Monitors / Catheters
Incontinence supplies / Pulse oximeter

Other: _____

Thank you,

CARE Chest

Application

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Gender: M/F Time lived in NV: _____

Race (Circle One): Asian/Black/Caucasian/Hispanic/Native American/Other

Insurance (Circle all that apply): None/Medicare/ Medicaid/Private /Other: _____

Medical Condition(s): _____

Physician/Healthcare Provider: _____ Are you a veteran? Y/N

Client Address: _____ City: _____

State: ____ Zip: _____ Phone: _____ Email: _____

in Household: _____ # Adults: _____ Are you the head of household? Y/N

Contact Person: _____

Contact Person's Phone: _____ Relationship to you? _____

How were you referred to CARE Chest? _____

Employment: Y/N Employer: _____

If not, are you (circle one) retired/disabled?

Monthly Household Income (including Social Security benefits, pensions, etc.) _____

Services Requested from CARE Chest: _____

Expenses (For Internal Use Only)

Rent/Mtg _____ Utilities _____ Transportation _____ Medical Expenses _____

Child Care _____ Food & Clothing _____ Credit Payments _____ Other _____

Total Expenses \$ _____ Amount Left \$ _____



7910 North Virginia St.
Reno, NV 89506
Phone: 775-829-2273
Fax: 775-829-8745
CAREChest.org

Verification of Income Statement

This is to certify that my/our total income is \$ _____, which includes any benefits or assistance and provides for my family of _____.

The above statements are true and correct.

Signature: _____

Print: _____

Date: _____

Release Agreement

It is understood that the equipment received is the property of CARE Chest and is loaned to the patient for his/her comfort and use; this loan is subject to the following conditions:

- 1) The undersigned acknowledges that the information on this form is true and correct to the best of his/her knowledge and that all guidelines for CARE Chest's program qualifications have been met. The undersigned agrees to notify CARE Chest of any change in status from that indicated on this form.

- 2) The undersigned acknowledges that the equipment, supplies, and services received have been used/may have been altered and hereby acknowledges receipt of same.

- 3) In consideration for the use of the equipment received, the undersigned on behalf of himself, his spouse, legal representatives, heirs and assigns, hereby releases, waives and discharges CARE Chest, its members, directors, officers and employees (hereinafter referred to as "Releasees") from all liability to the undersigned, undersigned's spouse, legal representatives, heirs and assigns for any and all loss or damage, and any claim or damages resulting there from, on account of injury to the undersigned or the undersigned's property, including but not limited to, injury resulting in death of the undersigned, whether caused by the negligence of Releasees or otherwise, resulting from the use of the equipment received. The undersigned agrees to indemnify the Releasees and each of them from any loss, liability, damage or costs (including attorneys' fees) that they may incur due to the loaning of the equipment received. The undersigned assumes full responsibility for the risk of bodily injury, death or property damage from the use of the equipment received. The undersigned agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Nevada, and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

- 4) The undersigned hereby agrees to be responsible for the equipment received; if said equipment is misused, damaged or destroyed while in the patient's possession, the undersigned will take full responsibility for the reasonable cost of repairs or replacement.

- 5) **Initials Required:** The undersigned may borrow the equipment for ____ short term or ____ long term and agrees to return equipment promptly, in the same condition as received (except for normal and reasonable wear) The undersigned further agrees to return the equipment in clean condition.

- 6) Yes ____ No ____ The undersigned hereby grants permission to CARE Chest to release the patient's name and/or any relevant case information (which may include writings, photos, and/or biographical data) for the purpose of public education and awareness, promotion of services, solicitation of contributions, and/or any other constructive purpose in the furtherance of the objectives and purpose of CARE Chest.

INDEPENDENT LIVING PROGRAM:

- 7) Yes ____ No ____ N/A ____ I understand that by signing this authorization I give CARE Chest permission to share my personal information and transfer information electronically, via fax or email; with any and all contractors, vendors and companies involved with providing services associated with my Independent Living application and plan of service.

_____/_____
CLIENT SIGNATURE** / Date

Or designated responsible party, such as **Power of Attorney or Legal Guardian (must provide documentation if client is over 18 years of age)

Print Name: _____
Phone: (_____) _____
DOB: _____
SSN: _____