

ASSISTIVE TECHNOLOGY EXCHANGE PROGRAM (ATEP) REFERRAL

Referral Date _____

Call _____ at _____ to schedule date/time of pickup

CLIENT INFORMATION

Name _____ Date of Birth _____

Street Address _____

City/State/Zip _____ Email _____ Telephone _____

REFERRING MEDICAL PROFESSIONAL (Medical professionals, including but not limited to physicians, physician assistants, occupational or physical therapists, nurses, medical case managers and social workers, may request available items for clients/patients by completing the required referral form and obtaining client signature).

Referral Contact's Name & Organization _____

Referral Contact's Title/Credentials _____

E-mail _____ Telephone _____

EQUIPMENT REQUESTED (attach printed item page from web site)

Name of Item	Item Number	Description

Yes No

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-
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The item or items requested have been physically inspected by me and are in working order;
 I have provided training to the individual on the proper use, care and maintenance;
 I have determined that the individual has no insurance coverage for item nor the financial means to purchase or otherwise acquire the requested items.

I have determined that the item or items requested are appropriate for the needs of the above-named individual.

Signature of Medical Practitioner, Job Title/Credentials

Date

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I understand that I am receiving used equipment, devices or supplies in AS IS condition that may have unknown defects. I agree to obtain any needed repairs and training on proper and safe use. I voluntarily assume responsibility for the risks of using these items and any injuries that may occur as a result of the risks. In consideration of receipt of these items, I agree to release from liability, discharge, and agree to hold harmless and indemnify the referring medical practitioner, Boone County Family Resources, The Friends of BCFR, ATEP Planning Committee, ATEP Participating Agencies, their agents, employees, volunteers, and officers from any and all actions, causes of actions, damages, claims or demands which I, my heirs, personal representatives or administrators or assigns may have against the organizations and other above mentioned parties from all injuries, including death, which may occur as a result of utilizing the equipment, devices and/or supplies. I have read this release and understand its terms.

In Witness Whereof, I have executed this Assumption of Risk and Release of Liability this _____ day of _____, 20 ____.

Client Signature

Parent, Legal Guardian or Personal Representative

Relationship to Client