



United Cerebral Palsy of MiddleTN

1200 9th Avenue North, Suite 110
Nashville, TN 37208
Email: Request@ucpnashville.org
Telephone: 615/242-4091
Fax: 615/242-3582
Home Page: www.ucpnashville.org

Dear Applicant:

Thank you for your request for information regarding United Cerebral Palsy's Equipment Exchange Program. UCP collects, refurbishes and recycles durable medical, therapeutic and adaptive equipment. We do our best to match the needs of people with the availability of equipment.

Please find enclosed an application for the program. You are welcome to submit applications for as many pieces of equipment as you need. The more information you are able to provide about the equipment you need, the better we will be able to identify and match equipment for you. Please feel free to attach additional information to your request. We want to make you aware of a few things regarding this program:

- The applicant (or the parent or guardian) is responsible for ensuring that the requested equipment is appropriate for the needs of the individual for whom it is requested. UCP does not provide assessment or fitting services. Involvement of your qualified physical therapist or other professional is recommended in selecting equipment.
- Equipment is available for individuals and non-profit/charitable organizations. Request for equipment from therapist/professionals should be for the specific persons of need. The Equipment Exchange Program is not intended to furnish equipment for healthcare businesses/professionals.
- UCP does not always have the requested equipment in our storeroom. When we are made aware of a need, we keep a record and provide equipment on a first-requested, first-served basis. In some cases we have equipment that is similar to the requested equipment, but is not exact. We will notify you when we have something we think might be an adequate substitute. If a physical therapist or other professional recommends your equipment, we may speak to them before distributing any substitutions.
- UCP cannot vouch for the condition of the equipment you receive. Most equipment we receive has been used. While we do our best to clean and make minor repairs, equipment is distributed and must be accepted on an "as is" basis. Any future repair or replacement of parts such as batteries, wheels etc. is the sole responsibility of the recipient and UCP will make no recommendations for such services.
- Since we have a waiting list for many items, please help us to serve our applicants fairly. We can only hold equipment for five (5) working days. After that we must make it available to the next person in need.
- UCP does not have vehicles to transport equipment. When we notify you that equipment is available, in most cases, you will need to make arrangements to pick up the equipment you have requested.
- We would deeply appreciate your consideration of UCP when you have equipment you are no longer using. An equipment exchange is most effective when everyone makes contributions as well as requests to the program.

Sincerely,

UCP Equipment Exchange

Release must be signed prior to the placement of any equipment.

United Cerebral Palsy of Middle Tennessee

Equipment Exchange Program

Application for Equipment
Date of Application _____

Placement of Equipment
Date of Placement _____

➔ **Information about the individual for whom equipment is needed:**

First Name: _____		Last Name: _____	
Address: _____			
City: _____	State: _____	Zip: _____	County: _____
Phone Number: (____) _____ - _____		E-Mail: _____	
Date of Birth: _____	Current Age: _____	Sex: [] M [] F	
Weight: _____	Height: _____	Place of Employment: _____	
Disability: _____			
Please describe how this disability affects individual: _____			
Wheelchair User? [] Yes [] No Type of Chair? [] Manual [] Power			
Have you ever applied for medical insurance or TennCare for the requested item(s)? [] Yes [] No			
Have you ever been denied insurance or TennCare for these or other items? [] Yes [] No			
Name of medical insurance provider: _____			

➔ **Person to Contact other than above:**

First Name: _____		Last Name: _____	
Address: _____			
City: _____	State: _____	Zip: _____	County: _____
Phone Number: (____) _____ - _____		E-Mail: _____	
Relationship to Applicant: _____		Place of Employment: _____	

➔ **Equipment Description:**

Equipment Requested: _____

If you have a picture, catalog description, or other information related to your equipment need, please attach this information to your application.

For UCP use only

<u>Equipment Placed</u>	<u>ID Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

➔ **Contact Information for Therapist or other Professional who has recommended this equipment:**

If this equipment was recommended to you by a Therapist or other disability service professional, please provide:			
Name: _____		Profession: _____	
Address: _____			
City: _____	State: _____	Zip: _____	E-Mail _____
Phone Number:(____) _____ - _____		Place of Employment: _____	

➔ **RELEASE ON REVERSE SIDE MUST BE SIGNED PRIOR TO THE PLACEMENT OF ANY EQUIPMENT**



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Release

This release is by and between the undersigned and United Cerebral Palsy of Middle Tennessee, Inc. (“UCP”).

The undersigned hereby acknowledges that the undersigned has voluntarily requested a donation of equipment or vehicle from UCP.

In consideration of UCP's donation of equipment or vehicle, the undersigned, on behalf of the applicant named below, himself or herself, and on behalf of his or her heirs, successors, executors and administrators (collectively, the "undersigned") agrees on behalf of the applicant and himself or herself that the undersigned will not make a claim against, sue, attach the property of, or prosecute UCP or any of its affiliated organizations or any of UCP's directors, officers, employees, agents, volunteers, or contractors (collectively, "UCP and its affiliates and/or partner organizations") for injury or damage resulting from negligence or other acts, howsoever caused, by UCP and its affiliates and/or partner organizations, relating in anyway to the equipment or vehicle, use of equipment or vehicle or otherwise.

UCP makes no representation as to the condition of aforementioned equipment or vehicle. The undersigned is aware that the equipment is donated “as-is” and any future repair or replacement such as batteries, wheels etc. is the sole responsibility of the recipient. UCP does not repair previously donated equipment and will make no recommendations for such services.

The undersigned is aware that any taxes, licenses, maintenance costs, modifications, safety requirements, or other conditions necessary for use of said equipment or vehicle are the sole and exclusive responsibility of the undersigned. Use of said equipment or vehicle is at the sole and discretionary risk of the undersigned.

The undersigned has carefully read this release and fully understands its contents. The undersigned is aware that this is a release of liability and a contract between the undersigned and UCP and its affiliates and/or partner organizations. The undersigned has signed this release of the undersigned’s own free will.

Undersigned:

Name of Applicant _____

Accepted by: _____ Signature _____ Relationship (if other than applicant) _____

_____ Name Printed or Typed _____ Date _____

THIS RELEASE MUST BE SIGNED PRIOR TO THE PLACEMENT OF ANY EQUIPMENT