THE DANCING GOAT DME

Application

Applicant/Patient Name:		DOB:
Telephone:		
Address	City	State
Representative Name:	Telephone:	

Demographics - Required! (For reporting purposes only--does not affect receipt of equipment!

Age:	Gender:

Circle All That Apply

Employment Status: Retired Unemployed Employed US Military Veteran Yes No

Race : African American White Hispanic Asian Other:

I Have: Medicare Medicaid No Health Insurance Health Insurance

Is monthly income over $1,200? Yes No

What equiment is needed? (Attached an order from your doctor if you have one, please.

I, (patient's name) _____ understand that filling out this form does not mean that I will receive any equipment. I understand that if I do receive any equipment, it is a gift to me from The Dancing Goat DME organization and that this gift may be a recycled item. If I receive any equipment, I accept all responsibilities for the equipment and give up any right to sue The Dancing Goat DME organization, their members, officers, directors, and any of their representatives responsible fo any injury that could result from using the equipment. I also undersand that I am responsible for any repairs the equipment may need. I understand that in return for getting this equipment for free, I give up any claim I may have against the above listed individuals and organization.

Signature of Applicant or Representative	Date:

Please keep your equipment as long as your need it! When you no longer need, please donate it back to us so we can use for someone else in need. Call 336-446-9752 or text 336-344-5177 to arrange drop off or pick up!