



5012 53rd ST S, Suite C
Fargo, ND 58104
701-212-1921
701-356-4376 Fax
www.HEROFargo.org

Recipient Information Form

Date _____	Referral Agency/Phone # _____	
Name _____	Referred By _____	
Address _____	County _____	
City _____	State _____	Zip _____
Phone# _____	Date of Birth: M _____ D _____ Y _____	
Email _____	Gender: Male _____ Female _____	
How did you hear about HERO? _____		

Terms & Conditions:

(HERO is a 501(c)(3) charitable non-profit organization), HERO requests a handling fee for the items. The fee helps HERO continue to be available. Thank you!

HERO, a non-profit corporation, provides medical supplies and equipment to those in need. These terms and conditions constitute the entire agreement regarding your receipt of medical supplies from HERO. (HERO recommends inspecting and cleaning items prior to use.)

HERO does not offer medical advice or make any claims regarding the medical supplies that it distributes. The recipient accepts full responsibility for the safe and proper use of the supplies. Always consult your own healthcare provider or personal physician regarding the use of medical supplies. In the case of diabetic supplies, nebulizers, O2 concentrator, c-pap, blood-pressure cuffs, pumps, surgical, cardiac-related or similar equipment, HERO requires that the individual/agency providing assistance will have the equipment recalibrated or inspected by a professional prior to patient use.

THE MEDICAL SUPPLIES COVERED BY THIS AGREEMENT ARE PROVIDED "AS IS." HERO MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. RECIPIENT ACKNOWLEDGES THAT RECIPIENT HAS NOT RELIED ON ANY STATEMENT OF HERO NOT INCLUDED IN THIS AGREEMENT. THE RECIPIENT BEARS THE ENTIRE RISK FOR INJURY AND ILLNESS (INCLUDING COMMUNICABLE DISEASES) AS TO THE QUALITY AND PERFORMANCE OF THE SUPPLIES.

UNDER NO CIRCUMSTANCES SHALL HERO OR ANY OF ITS AGENTS OR REPRESENTATIVES BE LIABLE TO ANY PARTY FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL, PUNITIVE, OR ANY OTHER DAMAGES, INCLUDING BUT NOT LIMITED TO: PERSONAL INJURY, WRONGFUL DEATH, LOSS OF PROFITS, GOODWILL, OR OTHER INTANGIBLE LOSSES.

Some jurisdictions do not allow the exclusion of certain warranties or the limitation or exclusion of liability for incidental or consequential damages. In such jurisdictions, HERO's liability shall be limited to the fullest extent permitted by law.

By signing below, I acknowledge and agree to the "HERO Terms and Conditions" set forth above.

Signature _____ Date _____



Referral Request Form (Equipment/Supplies)

Clients: Ht _____ Wt _____

Manual Wheelchairs

- Standard Wheelchair
 Lightweight Wheelchair
 Heavy Duty Wheelchair
 Power Wheelchair

Hospital Beds

- Semi-Electric
 Full Electric
 Bariatric Bed (350 lbs.+)
 Mattress

Mobility

- Walker
 Walker w/wheels
 Cane
 Crutches
 Rollator Walker
 Shower Chair
 Commode

Other items request/information:

HERO Waived Fee Program: Client Co-Pay Agency Funded Completely Waived

For clients independently living at home: (NOT IN A FACILITY)

HERO can waive fees on certain items if it is medical necessary. Not all items are waived.

HERO Copay: Effective January 1, 2021 HERO has the right to refuse service. Pricing subject to change.

For items obtained under the waived fee program, you will be asked to pay a small fee.

Copay	Value Waived
\$5	\$5-50
\$10	\$51-100
\$15	\$101-150
\$20	\$151-200
\$25	\$201-250
\$30	\$251-300
\$35	\$301-350

Income Guidelines: HERO follows the Federal Poverty Guidelines; we go 200% above. Individuals seeking handling fees waived for items must provide HERO with the following items to see if you qualify.

Total Household income & total number of people living in the house

Waived Items:

- ~ Bladder Control- adult incontinence briefs, liner pads & chuxs, wipes
- ~ Wound Care- long term after surgery procedure, ABDs, 4x4, Kerlix specialty dressings, tape, coban etc.
- ~ Injury- ace wraps, ice packs, boots
- ~ Hollister & Diabetic supplies

NOT Waived: Non-medical necessary items:

- ~ Personal hygiene, Lotions, Soaps, Body wipes & shampoo caps, Toothpaste & brushes, Band aids, First aid creams, Scissors & tweezers, nail clippers, Slippers, Protein drinks, Plastic bowls, Sani wipes

Powered Item: Rx must be provided for the following items:

- Wheelchairs, scooters, lift chairs, bed, Hoyer lifts, standing lifts
- Recipients **must pay a flat fee of \$100** on all powered items

We have a 5-day return policy, and a 10% Restocking Fee.

HERO will provide one power item every 3 years.

By signing below, you certify the recipient's financial need.

I request the handling fee be waived due to financial hardship. HERO reserves the right to request proof of income and reserves the right to deny services due to inaccurate financial disclosure.

Annual Household Income (Net) _____

Number in Household _____

Signature of Recipient/Representative _____

Date _____