



Recipient Information Form

Date _____

Name _____ **Referral Agency** _____

Address _____ **County** _____

City _____ **State** _____ **Zip** _____

Phone# _____ **How did you hear about HERO** _____

Email _____

Date of Birth: M _____ D _____ Y _____ **Do you have medical insurance:** Yes No

Gender: Male Female

Race (Optional): Caucasian, African American, Hispanic, Native American, Asian/Pacific, Immigrant/Refugee, Other

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. Items may not be re-sold by recipients. 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 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** _____

HERO may reduce or waive a handling fee due to financial need. 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) _____ **Household Size** _____

Signature of recipient or representative: _____ **Date** _____