



Putnam County Community and Disability Center

P.O. Box 208, 128 First St., Standard, IL 61363

Ph: (815) 339-2711 www.pcaservices.org



Loan Agreement

The following is a loan agreement between the Putnam County Community and Disability Center and the client listed below for the use of the below specified medical device. By signing this agreement, you acknowledge that you will return each medical device in a **clean and working condition**. Putnam County Community and Disability Center reserves the right to deny further medical device loans should these conditions not be met.

<u>Client Information</u>	
Name: _____	Birthdate: ____/____/____
Address: _____	City: _____ Phone: ____-____-____
Description of Item(s): _____ _____	
Approximate Length of Loan: <input type="checkbox"/> 1-4 Weeks <input type="checkbox"/> 9-12 Weeks	
<input type="checkbox"/> 6-8 Weeks <input type="checkbox"/> As Needed	

<u>Caregiver Information</u>	
Name: _____	Birthdate: ____/____/____
Address: _____	City: _____ Phone: ____-____-____

*Please sign and date below.

*I, _____, release Putnam County Community and Disability Center of any and all responsibility for the equipment that I am borrowing for use.

*Signature of Client or Caregiver: _____

Signature of PCCDC Representative: _____

Date Borrowed: ____/____/____

Date Returned: ____/____/____

Spoke to: Client / Caregiver / Other: _____ Relationship to Client: _____

Came In: Client / Caregiver / Other: _____ Relationship to Client: _____