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 Fargo, ND 58104
 701-212-1921
 701-356-4376 Fax
 www.HEROFargo.org

Recipient Information Form

Date _____ **Referral Agency** _____

Name _____ **Contact Name** _____

Address _____ **County** _____

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

Phone# _____ **Date of Birth:** M _____ D _____ Y _____

Email _____ **Persons Ht** _____ **Wt** _____

Does this person live independently in their own home/apartment? Yes No

How did you hear about HERO _____

Terms & Conditions:

HERO is a 501(c)(3) charitable non-profit organization, provides medical supplies and equipment to those in need. HERO requests a handling fee for the items that helps fund HERO, allowing it to continue to provide services both locally and globally. 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 or warranties regarding the medical supplies that it distributes. The recipient accepts full responsibility for the safe and proper use of the supplies and equipment. Always consult your own healthcare provider or personal physician regarding the use of medical supplies and equipment. HERO requests the referring agency to have diabetic supplies, nebulizers, O2 concentrator, c-pap, blood-pressure cuffs, pumps, surgical, cardiac-related or similar 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) RELATED TO THE QUALITY, PERFORMANCE AND USE OF THE SUPPLIES. UNDER NO CIRCUMSTANCES SHALL HERO OR ANY OF ITS AGENTS, EMPLOYEES 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.

Your personal data will remain with HERO, your email address may be used to send HERO information and updates on local/global services and mission updates.

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

Signature _____ **Date** _____



HERO Cares Program

Individual Reduced or waived Handling Fees Program: (living in their own home/apartment)

HERO can waive fees on certain items if it is medically necessary. **Needed not Want!**

HERO Copay: HERO has the right to refuse service. Pricing subject to change. Not all items can be waived.

You will be asked to pay a small Co-pay (donation) for Waived Fee items.

Copay	Value
\$10	\$10-50
\$20	\$51-100
\$30	\$101-150
\$40	\$151-200
\$50	\$201-250
\$60	\$251-300
\$70	\$301-350
\$80	\$351-400
\$90	\$401-450
\$100	\$451-500

Medically necessary supplies up to \$50 every 2 weeks.

These items cannot be returned for credit or exchanged.

Program available because of fundraising efforts & grants.

Income Guidelines: HERO follows the Federal Poverty Guidelines, 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
- Wound Care- long term after surgery procedure, ABDs, 4x4, kirlex specialty dressings, tape, coban etc
- Injury- ace wraps, ice packs, boots
- Hollister & Diabetic supplies
- Rollator walker & wheelchair need **Dr. RX**
- Manual hoier lifts & standing lifts need **Dr. Rx**

NOT Waived: Non-medical necessary items

- Items to stock your medicine cabinet or personal hygiene
- Lotion, Soaps
- Body wipes & shampoo caps
- Toothpaste & brushes
- Band aides, First aid creams
- Scissors & tweezers, nail clippers
- Slippers, Protein drinks
- Plastic bowls etc, Carry bags, drug store misc items, Sani wipes (hard surface)

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

Wheelchairs, scooters, lift chairs, bed & CPAPs

Recipients **must pay a Copay of \$150 up to \$600 value, Copay of \$250 \$601 to \$1200** on powered items.

This fee is our time we put into the items to ready them for you, service & repair that might have been needed.

HERO may 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) _____ **Household Size** _____

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