

C.A.S. Application Form

Please print this form, fill it out, and bring it with you when you come to our Pasadena office.

Client Name:	Client #:
Street Address:	Date:
City: State: Zip:	Phone ()
How did you hear about us?:	Date of Birth
Email Address:	Ethnicity:
Name of Person Responsible for Equipment:	Relationship to Client:
Street Address	Home Phone ()
City: State: Zip:	Work Phone ()

Two Nearest relatives, friends, or advocates NOT LIVING with the client; (REQUIRED)

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone ()	Phone ()

Expected Length of Need (circle one) 1 month 3 months 6 months

Equipment on loan (to be filled out by CAS)

I acknowledge that the above-identified equipment was inspected by me, or my advocate, and at the time I received the equipment it was clean and in good condition. I agree that I will return the equipment in the same condition. I agree that I will immediately return this equipment when my present physical need no longer exists. I will not permit this equipment to be transferred to another person under any circumstances, and while this equipment is in my possession, I will notify you of any change of address for me. I will not take this equipment out of the area served by the Convalescent Aid Society. I hereby release and hold harmless the Convalescent Aid Society, its members, agents, or employees from any claim by me, or any person acting for me or on my behalf for any loss, expense, or damage, including but not limited to general, specific, incidental, or consequential damages, of any kind or nature whatsoever arising from this equipment or its use. I agree that the Convalescent Aid Society, its members, agents, or employees have made no representation of any kind whatsoever, express or implied, to me with regard to the condition of the equipment provided or as to the use to which the equipment is to be put.

Signature of Client/Advocate _____ **Date** _____

Please return equipment to:
 Convalescent Aid Society * 3255 E. Foothill Blvd * Pasadena, CA 91107 * (626) 793-1696