NEW WORD COVENANT CHURCH
Health & Wellness Ministry
Medical Equipment Lending Closet
healthwellness@nowword.org

MEDICAL EQUIPMENT REQUEST FORM

Please complete this form to request medical equipment from the lending closet.
A member of our ministry will be in contact with you soon.

Date:

First Name: Last Name:

Street Address:

City, State, ZIP:

Primary Phone Number:

Email Address:

Preferred Method of Contact: ☐ Phone ☐ Text ☐ Email

Recipient Information (if requesting for another person)

Recipient Name:

Relationship:

Equipment Requested

☐ Wheelchair ☐ Cane ☐ Raised Toilet Seat
☐ Transport Chair ☐ Crutches ☐ Knee Scooter
☐ Rollator Walker ☐ Bedside Commode ☐ Hospital Bed
☐ Standard Walker ☐ Shower Chair ☐ Other

Equipment Need Information

Reason Needed:

Expected Length of Use: ☐ <30 Days ☐ 1-3 Months ☐ 3-6 Months
☐ >6 Months ☐ Unsure

Preferred Pickup Date: