



Goodwill Industries of Chattanooga
3500 Dodds Avenue
Chattanooga, TN 37407
Email: GoodwillChattHELPs@gmail.com
Telephone: 423.629.2501 or 866.272.2061
Fax: 423.242.0504
GoodwillChatt.org

Our Goodwill Mission is to empower people with disabilities and disadvantages to achieve their potential, increase their independence and to improve their quality of life.

Dear Applicant:

Our HELPs (Health Equipment Link Program services) advances the safety, health and wellness, independence and quality of life of our most vulnerable community citizens. Goodwill collects and recycles durable medical, therapeutic and adaptive equipment and through HELPs, repairs, sanitizes and then provides these items to benefit the Durable Medical Equipment (DME) needs of thousands in our communities. HELPs assists individuals throughout our 23-County service area of Southeast Tennessee and Northwest Georgia and is the only one of its kind in our region and within the Goodwill International network.

Our equipment primarily consist of canes, walkers, bath benches, shower seats, toilet chairs, wheelchairs, grab bars, bed rails and "hospital" beds. Occasionally we are able to meet other specific DME needs. We do our best to match the needs of individuals with available and appropriate equipment.

Attached is an application for our HELPs program. The more information you are able to provide about the equipment you need, the better we will be able to identify and match equipment for you.

We want to make you aware of a few things regarding our HELPs program:

- The applicant (or the parent or guardian) is responsible for ensuring that requested DME is appropriate for the needs of the individual for whom it is requested.
- DME is available at no cost for individuals and non-profit/charitable organizations. Requests for DME from therapist/professionals should be for the specific person in need.
- HELPs does not always have the requested equipment in our storeroom. We provide equipment on a first-requested basis. In some cases we may have equipment that is similar but is not exact. Since we have a waiting list for many items, please help us to serve our applicants fairly. We can only hold equipment for five (5) working days. After that we must make it available to the next person in need.
- HELPs cannot vouch for the condition of the DME you receive. Most DME we receive has been used. While we do our best to make minor repairs, equipment is distributed and must be accepted on an "as is" basis. All DME is cleaned and sanitized before distribution.
- A prescription is required for wheelchairs (manual and electronic), scooters and C-Pap machines. We cannot provide batteries for electronic wheelchairs.
- Equipment is distributed at Goodwill's main office, 3500 Dodds Ave, Chattanooga, TN. Being a part of the Chattanooga network, we are able to transport requested DME to your nearest Goodwill store but it is completed on an "as available" basis with our transportation department and may take up to 2 weeks.
- Recipients are asked to return items if and when they are no longer needed. An equipment exchange is most effective when everyone makes contributions as well as requests to the program.
- Recipients of DME are asked to consider a donation to help "pay it forward" and continue our services for others. Any assistance to provide volunteer services or promote the HELPs program and its impact with others is also appreciated.

Sincerely,

Goodwill HELPs Team

Referral Pickup Store Location: _____ (Required for delivery)



Safety & Independence for residents of Southeast TN and Northwest GA
HELPS is a program service of Chattanooga Goodwill Industries, Inc.

Phone: 423.629.2501 Fax: 423.242.0504 Email: GoodwillChattHELPS@gmail.com

More info and online application available at GoodwillChatt.org

All fields must be filled out completely. All information provided will be treated as confidential.

Individual for whom equipment is needed: Please Print

First Name: _____ M.I.: _____ Last Name: _____ Suffix: _____

Phone: (____) _____ - _____ E-Mail: _____ County: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: ____ Gender: [] Male [] Female Height: _____ Weight: _____ [] U.S. Veteran

Ethnicity: Please Circle African-American/Black Asian Caucasian Hispanic/Latino Native American/Alaska Multi Other

Disability(ies)/Injury: _____

Equipment Requested (name, description or purpose): _____

If requesting a wheelchair or C-Pap, a prescription is required. Please attach copy of prescription to this application.

Have you received medical equipment or assistance from HELPs in the past? [] Yes [] No

How did you hear about the HELPs program or who referred you? _____

* Which of these benefits do you currently receive/participate: Check ALL that apply

[] Disability [] Medicaid [] Medicare [] Social Security [] TennCare/CoverKids [] GA Medicaid/PeachCare

* Name of medical insurance provider: _____

** Information is for tracking purposes only. We will not bill your medical insurance for items or services received.*

Person to Contact other than above: Relationship to Applicant: _____

First Name: _____ M.I.: _____ Last Name: _____ Suffix: _____

Phone: (____) _____ - _____ E-Mail: _____

Contact Information for Therapist/Professional/Provider who has referred/recommended equipment:

If referred to HELPs for equipment by a Therapist/Professional/Provider, disability service or organization, please provide:

Contact Name: _____ Company/Provider/Group: _____

Phone: (____) _____ - _____ E-Mail: _____ City: _____ State: _____

Waiver

I/we understand that Goodwill HELPs is a medical equipment lending program designed to serve our community without charge for services or equipment, and therefore agree to accept the equipment in an "as is" condition. I/we also commit to return the equipment in good condition at such time as I/we no longer have need for it.

I/we have consulted with our personal team of medical professionals, and assume all responsibility for the selection of equipment to meet the needs of myself or the person who will be using the equipment.

I hereby, for myself and the person using this equipment, our heirs, executors and administrators, waive and release any and all rights and claims for damages I/we may have against Goodwill HELPs, Chattanooga Goodwill Industries, Inc. or any other persons connected with this program, their agents, representatives and assigns for any and all injuries suffered by, or illness to, ourselves resulting from the use of said equipment. I/we have carefully read this release and fully understand its contents. The undersigned has signed this release of my own free will.

Print Name: _____ Signature: _____ Date: ____/____/____

Office Use ONLY Application Received: ____/____/____ Equipment Placed: ____/____/____ Transport to Store: _____