



**your neighbor  
partnership**

11786 Westline Industrial Dr. St. Louis Missouri 63146  
Tel. 314-983-9230 Fax. 314-983-9235

The **Equip Your Neighbor Partnership** is a program that loans used rehabilitative, durable medical equipment at **no cost** to people who do not have the resources to pay for those necessary items. Recipients may use the equipment until it is no longer needed and then return it so that others may benefit from its use.

- Community Partners
- Donations
- Equipment Availability
- Request An Item
- Pick-Up or Return
- Questions

### Why We Exist

In October, 2005 Senate Bill (SB)-539 eliminated Missouri Medicaid funded durable medical equipment for many St. Louis area adults. The Equip Your Neighbor Partnership was formed to help our St. Louis area neighbors obtain the equipment they need to stay out of nursing homes, return to living within our community after a hospitalization, and to improve their level of independence through assistive equipment.



### What We Collect

The types of equipment collected and distributed include **crutches, walkers, canes, wheel chairs, bath & shower chairs and benches, commodes, and other rehabilitative equipment.**

### Project Manager

The Equip Your Neighbor program is managed by The Center for Head Injury Services (The Center), a local non-profit organization that has been serving people with disabilities since 1990. Items are distributed from The Center's main location at **11786 Westline Industrial Drive, St. Louis, Missouri 63146.**



Equip Your Neighbor Partnership [Privacy Policy](#)



# EQUIP YOUR NEIGHBOR PARTNERSHIP REFERRAL FORM

11786 Westline Industrial Drive, St. Louis, Missouri 63146  
314-983-9230 fax:314-983-9235 www.equipyourneighbor.org

Referral Date \_\_\_\_\_

## PATIENT INFORMATION

Patient's Name \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Patient's Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Age \_\_\_\_\_

Place of Residence \_\_\_ Skilled Facility \_\_\_ Home/Apartment \_\_\_ State Institution \_\_\_ Other \_\_\_\_\_

## REFERRAL SOURCE INFORMATION

Referral Organization \_\_\_\_\_

Referral Contact's Name \_\_\_\_\_

Contact's Title/Credentials \_\_\_\_\_ Phone Number \_\_\_\_\_

## EQUIPMENT NEEDS

| Quantity | Item Number | Description | For Office Use Only |
|----------|-------------|-------------|---------------------|
|          |             |             |                     |
|          |             |             |                     |
|          |             |             |                     |

I certify that the above patient does not have insurance and/or financial means to purchase the requested durable medical equipment.

Authorized Signature \_\_\_\_\_

Job Title/Credentials \_\_\_\_\_

## RELEASE OF LIABILITY

**Each patient or legal guardian must sign this waiver prior to any release of equipment.**

I understand that I am receiving used durable medical equipment and that it may have unknown defects. I hereby release and discharge The Center for Head Injury Services and all Equip Your Neighbor Partners, its agents, employees, volunteers, and officers from all actions, causes of actions, damages, claims or demands which I, my heirs, personal representatives or administrators or assigns may have against the partner organizations and other above mentioned parties from all injuries known and unknown which such person may incur by participating in the Equip Your Neighbor program.

I, the undersigned, have read this consent and release and understand its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this consent and release at \_\_\_\_\_ this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Place of Execution)

Patient's Signature \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

## Equipment Availability

### Description

#### Walkers

|                                  |
|----------------------------------|
| Non-Folding walker w/o wheels    |
| Non-Folding walker with wheels   |
| Folding walker with front wheels |
| Folding walker w/o wheels        |

#### Crutches

|          |
|----------|
| Steel    |
| Wooden   |
| Juvenile |

#### Canes

|                        |
|------------------------|
| Straight               |
| Pronged                |
| Cane converts to chair |

#### Wheelchairs

|                            |
|----------------------------|
| Standard w & w/o leg rests |
| Bariatric                  |
| Juvenile, electric         |
| Merry weather              |
| Seat cushions              |

#### 3-in-1 bedside commode

|                 |
|-----------------|
| bedside commode |
|-----------------|

#### Hospital Beds

|          |
|----------|
| Manual   |
| Electric |

#### Exercise Equipment

|   |
|---|
| Jake weight bench-complete body & weights |
| Elliptical exercise bike                  |

#### Bathroom Equipment

|                     |
|---------------------|
| Shower stools       |
| Bath benches        |
| Raised toilet seats |
| Tub grab bars       |
| Toilet grab bars    |
| Wall grab bars      |

#### Misc. Rehab Equipment

|                                 |
|---------------------------------|
| Walker baskets                  |
| Foam wedges (large & small)     |
| Blow-up seat cushions           |
| Reachers                        |
| Neck immobilizing collars       |
| Arm sling                       |
| Spare key storage lock boxes    |
| I.V. poles                      |
| Juvenile parallel bars & mirror |
| Juvenile climbing apparatus     |
| Folding chair                   |
| Waist Surgical binders          |
| Bed tray stand                  |
| Shopping cart                   |