



# Deepwood Foundation Share a Chair Program Referral Form

Making a Lifetime  
of Difference

This program is made possible through the generous support of  
Donald McDonald House Charities – NEO and Western Reserve Junior Service League

Referral date: \_\_\_\_\_ Referral Contact Name: \_\_\_\_\_

Referral Contact Phone#: \_\_\_\_\_ Referral Contact email: \_\_\_\_\_

## 1) Applicant Information:

Name of person with MR/DD: \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis : \_\_\_\_\_ ( please attach documentation of diagnosis)

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of people in the family: \_\_\_\_\_ School or activity program the person is in: \_\_\_\_\_

Name of Parents (if above person is a minor): \_\_\_\_\_

Address: (if different from applicant) \_\_\_\_\_ Phone: \_\_\_\_\_

## 2) Equipment Needs

\_\_\_\_\_ Adaptive Equipment    \_\_\_\_\_ Augmentative Speech Device    \_\_\_\_\_ Tri-Cycle

\_\_\_\_\_ Therapy Equipment    \_\_\_\_\_ Other \_\_\_\_\_ (please explain)

Items Requested: \_\_\_\_\_

I certify that I do not have insurance or financial means to purchase the requested equipment.

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

\_\_\_\_\_  
Referral Contact Signature

## 3) Release of Liability

**Each legal guardian or individual must sign this waiver prior to release of equipment. I understand that every effort is made to loan new or gently used equipment however it may have unknown defects. I hereby release and discharge The Deepwood Foundation and its volunteers, its agents, employees and officers from all actions, causes of actions, damages, claims or demands which I, my heirs, personal representatives or administrator 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 Share a Chair 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 WHERE OF, I have executed this consent and release at \_\_\_\_\_ this  
(Place of execution)

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

Mail completed referral form to: DEEPWOOD FOUNDATION  
8121 DEEPWOOD BLVD.  
MENTOR, OHIO 44060

OFFICE USE ONLY

Items taken: \_\_\_\_\_

Date: \_\_\_\_\_