

**Medically Complex Care Consultation Program**

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**Equipment Loan Request Form**

**Date:** \_\_\_\_\_ **EI Program:** \_\_\_\_\_

**Service Coordinator:** \_\_\_\_\_ **Service Coordinator Email** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

**Item Requested/Description** \_\_\_\_\_

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**Loan Agreement:**

I, \_\_\_\_\_, understand that the equipment/materials I am receiving is the property of the Medically Complex Care Consultation Program (Central Region). I will be responsible for making sure that it is used appropriately so that my child can obtain the maximum benefits from its use. I will ensure that this property is well taken care of while in my home.

I understand the loan period for this equipment is 3 months. I will return equipment materials to the Medically Complex Consultation Program after 3 months, when no longer in use or when my child is discharged from their Early Intervention Program.

Service Coordinators: *All Equipment and Materials must be returned to MC3P prior to discharge.*

**Parent Signature:** \_\_\_\_\_

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

**EI Service Coordinator Signature:** \_\_\_\_\_

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

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*MC3P Use Only:*

*Date/Place Delivered:* \_\_\_\_\_ *Received By* \_\_\_\_\_

*Date/Place Returned* \_\_\_\_\_ *Received By* \_\_\_\_\_

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