



# MEMRA



***We KARE ... Making an Impact that benefits others!***

MEMRA organized exclusively for emergency relief, charity, support and assistance to individuals and families when a valid emergency, tragedy or hardship occurs. A reasonable donation may be required for all recipients requesting assistance for supplies, products and merchandise unless approved for medical resources or temporary hardship.

**REFERRAL FOR ASSISTANCE**

New Client: \_\_\_\_\_ Group: \_\_\_\_\_

<b>Agency/Facility:</b>	<b>Office Number:</b> ( )	<b>Cell Number:</b> ( )
<b>Address:</b>	<b>Rep Name:</b>	<b>Title:</b>

<b>Customer/Recipient:</b>		<b>Birth Date:</b>	<b>Phone Number:</b> ( )
<b>Address/Location:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Source of Income:</b>		<b>Total Monthly Income:</b>	<b>Occupational Status:</b>
<b>Total # in Household:</b>	<b>Total Adults Over 18:</b>	<b>Marital Status:</b>	<b>Last 4 Digits of SSN:</b>
<b>Reason for assistance?</b>			

Please include the following: Any household member receiving earned or other income, government, City or State aid. (e. g. SNAP, TANF, unemployment, utility or rental/housing assistance, SSI/SSD, etc.)

**Category:**    Hardship    Illness/Medical    Emergency/Tragedy    Unemployed    Disabled  
 Court/CS    Employment    Service    Clothing    Equipment    Supplies    Household

<b>Item Description:</b> Services are provided regardless of race, gender, religion, color, age, sexual orientation, marital status, living status, diagnosis, medical condition, or national origin.		
<b>1)</b>	<b>2)</b>	<b>3)</b>

**PLEASE NOTE: BY ACCEPTING MERCHANDISE OR ANY OF OUR SERVICES  
YOU THE CUSTOMER AGREES TO THE TERMS AND CONDITIONS!**

MEMRA receive new, used and good condition medical equipment, new supplies, home furnishings, office furniture, beauty accessories and other accessories. Contributions and gifts are donated from hospitals, clinics, medical facilities, rehabilitation centers, or other outside resources to help individuals in a time of need. We try our very best to pass onto customer's good quality merchandise, equipment and supplies. When products are available, requests are honored within 3 business days or soon as possible.

**DECLARATION:** The information provided above is, to the best of my knowledge and belief, complete, accurate and true. I agree to accept the organization liability wavier and responsible for the safety use of all items received.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



8430 W Lake Mead Blvd., #100 Las Vegas, NV 89128  
 Local: (702) 987-5527 • Fax: (702) 920-9200  
 Email: info@medtyme.org • Website: medtyme.org

**\*NON-REFUNABLE DEPOSITS ON CANCELLATION SPECIAL ORDERS, STORE CREDIT ONLY!\***

Products from **MEMRA** are either acquired at an affordable price; charity distributed or donated and must be accepted on an "as is" basis. **Monetary Donations are Non-refundable!** Any future repairs or replacement of parts such as plugs, screws, cords, batteries, wheels, etc., will become the sole responsibility of the customer for any such repairs. Our **MEMRA** organization will make no recommendations for such services.

The undersigned customer has carefully read this liability release, fully understands, agrees with its contents and has inspected products/goods before leaving the relief store. Repairs, maintenance costs, modifications, safety requirements, or other conditions necessary for use of purchased, donated or rental merchandise is the sole responsibility of the recipient. Services for assistance are received (4) times per year. (Quarterly)

**Customer Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

You as the recipient or agent on behalf of the recipient must agree and accept the terms and conditions when requesting assistance for new, used, rented or donated equipment and supplies or for other services provided by MEMRA. Proceeds benefit and support our relief program for individuals and families requesting aid/assistance experiencing a valid emergency, tragedy, disaster or temporary hardship.

**AFFIDAVIT OF INCOME:** Recipients cannot afford the out-of-pocket expenses for basic medical supplies, experiencing a temporary hardship, life misfortune, medical illness, emergency, tragedy or devastation. Total monthly income shall not exceed \$1,100. Additionally, must be unemployed, low income, receiving government assistance, (e.g. SNAP, TANF, unemployment benefits, rental or utility assistance, SSI/SSD etc.)

**ALL SALES ARE FINAL, NO EXCHANGES. "Merchandise accepted in "as is Condition".**

Failure to comply with our emergency relief service program could make you "the customer" ineligible for future or additional services. Any future repairs or replacement for equipment, parts, or maintenance will become the sole responsibility of the customer. MEMRA will make no recommendation for such services.

The undersigned customer has carefully read this liability waiver release and fully understands its contents. The undersigned (recipient) hereby acknowledges this is a voluntarily requested for donated equipment, supplies or services from MEMRA. In consideration of MEMRA's community services, the undersigned, on behalf of the recipient named above, himself or herself, and on behalf of his/hers, relatives, successors, executors and administrators (collectively, the "undersigned"), agrees on behalf of the recipient will not make a claim against, sue, attach the property of, or prosecute MEMRA or any of its affiliated organizations or any of MEMRA's directors, officers, employees, agents, volunteers, contractors or provider (collectively, "MEMRA and its affiliates and/or partner organizations") for injury or damage resulting from any negligence, undue or unforeseen acts.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

Item Description: _____	Monetary Required Payment: \$ _____
Comments: _____	Total Monthly Income Shall Not Exceed \$1100.
If an unpaid balance is owed, \$ _____ shall be paid on: _____	
<input type="checkbox"/> Your request for assistance has been approved with or without conditions. _____	
<input type="checkbox"/> Your request for assistance has been denied for the following reasons. _____	
Donation Required Amt.: \$ _____ <input type="checkbox"/> N/A <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Web-Online	

Excellent  Good  Fair  Charitable  Contribution  New  Used  Rented