



A Community Action Agency

Home Injury Control Devices

Client Name _____ Address _____

Phone Number _____ Emergency Contact name and number _____

Date of Application _____ Worker who took application _____

Date of Birth _____ Amount of Donation: _____

Have you had any falls in the bathroom during the last 6 months? If you did how many? _____

If you would like a shower chair or transfer bench, please estimate your weight _____

I want these items

I received these items

- ___ installed wall bars
- ___ side of the tub grab bars
- ___ shower chair with back
- ___ shower chair without back
- ___ transfer bench
- ___ stairway/hallway wall bars
- ___ hand-held showerhead
- ___ tub mat
- ___ smoke alarm
- ___ co detector
- ___ raised toilet seat with bars
- ___ raised toilet seat without bars
- ___ bedside commode

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- bedside commode _____

I certify that I have received the above devices that are marked on the right side of the page.

Client Signature

Date

Worker/Contractor Signature

Date