

As a participant in the programs available through the American Sleep Apnea Association (ASAA), please provide the following information:

How many **nights** a week are you using CPAP now: 0-2 3-5 6-7

How many **hours per night** are you using CPAP now: 0-3 4-7 8 or More

As a non-profit, 501C3 organization, we often work with research institutions and other healthcare programs. Please complete the questions below, these are optional, and only for reporting purposes. This will not affect your program status.

Gender: Male Female Transgender Male Transgender Female Non-Binary Other

Date of Birth: _____

Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino White
Native Hawaiian or Other Pacific Islander

Household Income: \$0-30,000 \$30,001- 45,000 \$45,001-60,000 \$60,001-75,000 \$75,001-90,000 over\$90,000

Why are you interested in the CPAP Assistance Program?

I don't have health insurance It's too expensive through my health insurance My insurance doesn't cover it
I'm currently unemployed Other: _____

Where did you hear about the CAP Program? From my doctor From a friend/relative ASAA Newsletter
ASAA Social media (Facebook, Twitter or IG) Sleephealth.org Facebook or Google Ad Other: _____

Patient Acknowledgement: I acknowledge that the equipment package is offered "as is" and without warranty or technical support from the manufacturer. I understand that ASAA is neither a DME Supplier nor a DME Provider. I understand that ASAA does provide a 30-day warranty in the event the device is damaged during shipment or has a mechanical failure and will replace the machine for free. I understand and acknowledge that ASAA is not responsible for the medical device, my use of it, its suitability for my medical condition, or its set-up, maintenance, supplies or repairs. I hereby release from liability and waive any right to sue ASAA, their officers, directors, employees, agents and contractors, from any and all claims, including claims of negligence or physical harm or injury.

I ACKNOWLEDGE AND AGREE THAT ASAA MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, TO ME OR ANY OTHER PERSON WITH RESPECT TO THE EQUIPMENT PACKAGE. ASAA SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT.

I agree to the patient acknowledgement above.

Signature: _____ Date: _____