

**Assistive Technology for Kansan's
AT Device Loan System
DEVICE LOAN REQUEST FORM**

This form can be completed then printed or you may choose to print the form and complete by hand.

SECTION 1. Borrowing information:

About the recipient (person who will be using the equipment):

Name _____

If recipient is a minor, name of parent/guardian: _____

Daytime phone # _____ Alternate phone # _____

Street Address _____

City/state/zip _____ County _____

E-mail _____ FAX _____

Person requesting the equipment, if other than recipient:

Name _____

Daytime phone # _____ Alternate phone # _____

Name of agency _____

Street Address _____

City/state/zip _____ County _____

e-mail _____ Relationship to recipient _____

The **recipient** is (CHECK ONE): Person w/disability Family/Authorized Rep.

Employer/Employment service Educator/School/University/Student

Health, allied health, rehabilitation provider

Community Living Provider/Community Organization

If the recipient is a person with a disability, complete this section:

Date of Birth or Age: _____

If the recipient is served by any of the following "systems", check **all** that apply:

Infant Toddler Services Public School

Center for independent living Vocational Rehabilitation

Area Agency on Aging Community Developmental Disabilities Center

Veterans Affairs Other (specify) _____

Type of Disability (you may list more than one): _____

Race/Ethnicity: Caucasian African-American Asian Hispanic

Native American Other (specify) _____

First time borrowing a device? Yes No

Equipment Requested:

Inventory ID Number	Name of Item
<input type="checkbox"/>	

*****CHECK boxes above for items required at the same time.*****

Reason for borrowing (Check all that apply):

- Device trial or evaluation (to find out if a device or what kind of device can help)
- Accommodation (to use in work setting or during a public event)
- Served as loaner during device repair or while waiting for funding
- Professional Development or Outreach - FOR THIS CATEGORY ONLY: Date(s) needed: _____

If the recipient is a person with a disability, the assistive technology device will help them at (check ONLY ONE):

- School
- Home or in Community
- Work
- Using phone or computer

Do you need instructions and the inventory sheet that comes with each item in an alternate format? Please specify:

SECTION 2. Professional Consultation for Positioning, Mobility and Seating Equipment. Items requiring completion of this form are marked in their inventory description.

This form must be completed and sent to the ATK Loan System or AT Access Site before positioning, mobility and seating equipment can be delivered. An appropriate professional could include a physical therapist, occupational therapist, or other mobility specialist.

Customer Name:	Professional Name:
Address:	Agency:
City, State, Zip:	Address:
Phone:	City, State, Zip:
	Phone:

I _____ accept responsibility for evaluating and properly fitting the
 (Professional Name)
 _____ for _____
 (Equipment Name/Model/Size) (Customer Name)

Deliver the device to (check preferred location):

_____ customer's home **OR** _____ professional's office

 Date Professional's Signature

I, _____ have consulted and arranged for _____
 (Customer Name) (Professional Name)

to perform an evaluation for the equipment listed above. I agree to use the equipment in accordance with the instructions received from the professional consultant and I further agree to hold Kansas Equipment Exchange harmless of any liability or damage related to the use of the equipment.

 Date Customer Signature

SECTION 3. Delivery and Pick-up Information:

NOTE: Some devices may require pick-up and drop-off at your regional AT Access Site, while others may be shipped from the ATK Device Loan System.

Delivery Address: Please provide a delivery address. We cannot deliver to PO Boxes. If the delivery is to a large facility provide a department, floor and/or office or room number.

Full Name _____ Title _____

Phone # _____ Email _____

Organization/Agency _____

Department _____

Street Address _____ Apartment/Room # _____

City/State/Zip _____

PICK-UP Address: If the pick-up address is different from the delivery address above, please complete the information below. If there are any changes, you must notify us before the devices are scheduled to be picked up.

Full Name _____ Title _____

Phone # _____ Email _____

Organization/Agency _____

Department _____

Street Address _____ Apartment/Room # _____

City/State/Zip _____

SECTION 4. Borrower's Responsibility and Liability Statements

Please read and sign **BOTH** the "Borrower's Responsibility and Liability" and the "Release of Liability" statements in Section 4. The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.

Report any missing or damaged items immediately minimize your financial responsibility for replacement of missing or damaged items.

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of all borrowed devices. I agree to keep devices clean and not misuse them. I am responsible for returning all devices and any components to ATK's Device Loan System in a timely manner.

I will review the items in my shipment and will report any missing devices or components listed on the inventory sheet immediately by calling the ATK Device Loan System or my regional AT Access Site. By doing this, I will not be held financially liable for the missing components.

If a device breaks or malfunction, I will immediately notify the ATK Device Loan System or AT Access Site. I will not be held responsible for equipment breakage or malfunction that occurs during normal if I report it promptly.

In the case of loss of a device or components, I may be held financially liable. In the event of loss, I will contact the ATK Device Loan System or my regional AT Access Site.

The total replacement value of the item(s) I want to borrow is

\$ _____ plus the cost of the shipping case, if applicable.

In the case of theft, I will not be held responsible, as long as I immediately report the incident to the police **AND** provide a copy of the police report to staff at the ATK Device Loan System.

If there is a change in the pick up address, I will notify the ATK Device Loan System or my regional AT Access Site prior to the scheduled pick up date.

I understand it is illegal to copy or distribute any software loaned through Assistive Technology for Kansans' AT Device Loan System. Upon completion of the loan period, if I have loaded borrowed software on my computer, I will remove it.

I understand that borrowed devices are purchased with federal and/or state funds for the benefit of individuals with disabilities and are not to be used for private gain or commercial use by any individual or entity.

NOTE FOR RECREATION DEVICES: I agree that equipment loaned to me will only be used in accordance with state and federal regulations, including those that apply to appropriate legal and ethical activity on public and private properties.

Failure to comply with these responsibilities will result in loss of future access to Assistive Technology for Kansans' AT Device Loan System, in addition to applicable financial liability.

Signature of Responsible Party

Date

Print Name

Phone

Address (if different than recipient or person requesting the device)

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Kansas University Center on Disabilities - Parsons, Kansas University, OCCK, and any and all employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Kansas University Institute on Disabilities - Parsons, Kansas University, OCCK and any and all employees, agents or representatives of same, in connection with loan(s) from Assistive Technology for Kansans AT Device Loan System.

Signature

Date

Print Name

Phone Number

SECTION 5. What do I do next?

Return your completed, signed request form to the Assistive Technology for Kansans's AT Device Loan System or your regional AT Access Site through email, fax or mail. Contact information is provided below.

EMAIL: mpeter@occk.com

FAX: 785-452-9374

MAIL:
ATK AT Device Loan System
OCCK
PO BOX 1160
Salina, KS 67401

Contact your regional AT Access Site for contact information to return loan requests or go to www.atk.ku.edu at the Contact ATK link for this information.

If you have other questions, you may call the ATK Device Loan System (785-827-9383) or your regional AT Access Site (800-526-3648).

Final Checklist:

- If the recipient is a person with a disability, did you complete all of the information in Section 1?
- Did you complete Section 2 if the device requires a Professional Consultation?
- In Section 3, did you provide a specific address, including department, floor, room or office number if the delivery and/or pick up is to a large facility?
- Did you fill in the replacement value of the device you want to borrow in the space provided in Section 4? If you need help, contact the ATK Device Loan System or your regional AT Access Site.
- Did you sign the request form in both places in Section 4?

**Thank you for using the Assistive Technology for Kansans's
AT Device Loan System.
Please tell someone about us!**

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