

Cares Inc. *Assistive Technology Program*

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Phone:1-800-773-7055 Fax:207-377-7057

## DEVICE LOAN REQUEST FORM

Name: \_\_\_\_\_

County Resides: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Age of the individual with a disability who will use the AT (check one)

\_\_\_\_\_ Under 3    \_\_\_\_\_ 3-20    \_\_\_\_\_ 21-55    \_\_\_\_\_ Over 55

### *Types of Participants Borrowing AT*

	Number of Borrowers
Individuals with disabilities	
Family member, guardian or authorized representative	
Representative of Education	
Representative of Employment	
Representative of Health, allied health, and rehab	
Representative of Community Living	
Representative of Technology	
<b>Total</b>	

### *Type of AT Device Loaned*

	Number Loaned
Vision	
Hearing	
Speech communication	
Learning, cognition, and developmental	
Mobility, seating and positioning	
Daily living	
Environmental Adaptations	
Vehicle modification and transportation	
Computers and related technology	
Recreation, sports, and leisure	
<b>Total</b>	

Items Loaned \_\_\_\_\_

**Primary Purpose of the Loan**

	Check one
Assist in decision making (device trial or evaluation)	
Loaned during AT repair or waiting for funding	
Provided an accommodation for the short term	
Conduct training, professional development	
<b>Total</b>	

Staff \_\_\_\_\_ Date \_\_\_\_\_

**BORROWER'S RESPONSIBILITY AND LIABILITY**  
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I understand and agree that I am responsible for proper handling and use of the device(s).

I am responsible for returning all components to the ATLP at CARES **within 30 days** and in accordance with shipping instructions. If I find that any components listed on the inventory sheet are missing when I open the shipping case, I must call the ATLP at CARES at 1-800-773-7055 voice/tty/Maine Relay immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact the ATLP at CARES, Inc. immediately at the number above.

**The total replacement value of the item(s) I want to borrow is \$ \_\_\_\_\_ .**

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 the ATLP at CARES, Inc.

If an equipment breakage or malfunction occurs, I must immediately notify the ATLP at CARES, Inc. I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.

Failure to comply with these responsibilities will result in loss of future access to the ATLP at CARES, Inc., in addition to applicable financial liability.

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless the ATLP at CARES, Inc, 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 ATLP at CARES, Inc.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

## AT Device Loan -- Consumer Feedback Information

Please answer these questions about the AT services that you received. We need this information to provide high quality services and meet the requirements for receiving federal funding.

1. The **primary purpose** for which I need (or the person I represent needs) an AT device is related to:

*Please mark only one answer.*

- Education:** participating in any type of school program
- Community Living:** carrying out daily activities, participating in the community or living on my own
- Employment:** finding or keeping a job, getting a better job, participating in a work training program or voc rehab
- Information Technology/telecommunications:** using computers, software, web sites, telephones, office equipment and media.

2. What kind of decision about AT devices did you (or your representative) make after your device demonstration or device loan?

*Please mark only one answer*

- Decided that an AT device **will meet** my needs (or the needs of the person represent)
- Decided that an AT device **will not** meet my needs
- I have **not made** a decision.

3. **Customer Satisfaction:**

Which of the following best reflects your satisfaction with the service received?

- Highly Satisfied.
- Satisfied.
- Satisfied Somewhat.
- Not at all.

*Thank you very much, we appreciate your time and input.*