

Illinois Assistive Technology Program
DEVICE LOAN REQUEST FORM

1. COMPLETE THE FOLLOWING FOR THE PERSON REQUESTING THE EQUIPMENT

Name _____

Phone Number _____ Alt. Phone Number _____

TWO PHONE NUMBERS MUST BE PROVIDED

Street Address _____

Place of Employment _____

City/State/Zip _____ County _____

Fax _____ E-Mail _____

Type of individual or Entity Requesting Equipment (please select only ONE response which best describes the capacity in which you are requesting equipment.

- Individual with a disability
- Family member, guardian or authorized representative
- Educational Organization
- Employer or Business
- Provider of Employment and/or Training Services
- Health, allied health, rehabilitation organization
- Information Technology Professional

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

Education - participating in any type of educational program (if checking education, please include the following)

Grade Level (select one)

ISBE Referral Number(if applicable): _____

- Elementary
- Middle
- High School

Location of Use (select one)

- General education setting
- Home
- Multiple setting

Purpose of Device (select one)

- Access / Participate in general education
- Access / Participate in community or vocation program
- Access / Participation social working
- Other Specify _____

School Information

School Name _____

School Address _____

Zip _____

- Community Living** - carrying out daily activities, participating in community activities, using community services, or living independently.
- Employment** - finding or keeping a job, getting a better job, or participating in an employment training program, vocational rehabilitation program, or other program related to employment.
- Information Technology / Telecommunications** - using computers, software, web sites, telephones, office equipment, and media.

Do you borrow assistive technology equipment from another source? Yes No

If Yes please specify from where: _____

Please Indicate if you are receiving or have received services from any divisions of the Illinois Department of Human Services.

Division of Human Capital Development Services

- Cash Assistance
- Food Stamp
- Medical Assistance Card

Division of Developmental Disabilities Services

- Early Intervention
- Day Services
- In-Home Support
- CILA
- Group Home
- ICF-DD Nursing Home
- Other Specify _____

Division of Rehabilitation Services

- Home Services Program
- Vocational Rehabilitation Services
- ICRE-Wood Blind / Visually Impaired Residential Program
- Blind / Visually Impaired Rehabilitation
- Older Blind Services
- School for the Deaf or Visually Impaired, or ICRE-Roosevelt
- Other Specify _____

Division of Mental Health Services

- Community - Based Mental Health Services
- Other Specify _____

Are you Medicaid eligible? Yes No

2. Complete this section for the person who will be using the equipment

Age 0 - 5 6 - 21 22- 65 65 +

Disability _____

Race \ Ethnicity African - American Asian Caucasian Latino
 Other Specify _____

3. Equipment Requested

Name of Item _____

Name of Item _____

Name of Item _____

Name of Item _____

Please check here if manuals ARE NOT required with equipment requested.

4. Primary Purpose (please select only one response which best describes the purpose in which you are requesting the equipment)

- Assist in decision making (device trial or evaluation)
- Serve as loaner during device repair or while waiting for funding
- Provide an accommodation on a short - term basis
- Other Specify _____

5. Address for delivery where someone is available Monday thru Friday, 9am to 5pm. Do not use a P.O. Box number for shipping address, you must include a street reference. If delivery is at a large facility you must specify department and / or room number.

If this address is the same as the person requesting the equipment check here and go to section 6.

Name _____ Phone Number _____

Organization\Agency _____

Department _____

Street Address _____ Apartment / Room # _____

City/State/Zip _____

6. Please read and sign BOTH the Borrower's Responsibility and Liability and the Release of Liability Statements. The person who is the responsible party for this loan should sign these statements.

BORROWER'S RESPONSIBILITY AND LIABILITY

I/We understand and agree that I/We am/are responsible for the proper handling, storage, use, care, maintenance and return of the device(s), component(s) or accessory(ies) loaned to me/us hereunder.

I/We shall pay all costs for shipping and return of all device(s), component(s) or accessory(ies) to the Illinois Assistive Technology Program on or before the due date indicated herein or upon written demand for the same.

In the event that I/We lose the device(s), component(s) or accessory(ies), I/We shall be liable for the current replacement value thereof. Further, I/We shall immediately contact Illinois Assistive Technology Program at 1-800-852-5110V/TTY to report such loss.

In the event of a theft of the device(s), component(s) or accessory(ies), I/We shall not be responsible therefore if I/We immediately report the theft to the local law enforcement agency and provide a copy of that report to the Illinois Assistive Technology Program.

In the event that the device(s), component(s) or accessory(ies) thereto malfunction, I/We shall immediately notify the Illinois Assistive Technology Program at 1-800-852-5110 V/TTY.

I/We may be required to provide collateral or other security to the Illinois Assistive Technology Program for securing my/our obligations hereunder. I/We shall be responsible for any and all damages or diminution in value of the device(s), component(s) and accessory(ies) beyond normal wear and tear to be determined in the sole discretion of the Illinois Assistive Technology Program.

I/We shall also remit to Illinois Assistive Technology Program any and all insurance proceeds representing the value of any device(s), component(s) or accessory(ies) thereto provided by insurance policies covering my/our residence or its contents, including but not limited to homeowner's or renter's insurance.

I/We shall not pledge, assign, transfer or otherwise give any interest in and to the device(s), component(s) and accessory(ies) to any third party. Illinois Assistive Technology Program shall receive and I/We shall pay and be responsible for any and all costs associated with return of the device(s), component(s) and accessory(ies), including but not limited to costs and fees of litigation, reasonable attorney's fees and costs, repossession costs and any other costs reasonably incurred by the Illinois Assistive Technology Program.

Venue shall lie in the Seventh Judicial Circuit, Sangamon County, Illinois, for any and all litigation regarding the device(s), component(s) or accessory(ies).

I/We understand it is illegal to copy or distribute any proprietary software or hardware loaned through the Illinois Assistive Technology Program. Upon completion of the loan, if I/We have installed such software on my/our computer, I/We shall remove said software.

In the sole discretion of the Illinois Assistive Technology Program, my/our ability to further participate in any such programs or grants or loans from the Illinois Assistive Technology Program and all of its related programs may be suspended for a period of time or indefinitely for failure to abide by the Loan Request Form and all of its obligations, including but not limited to, failure to return the device(s), component(s) or accessory(ies) in a timely manner; failure to pay for any and all costs or fees which are the responsibility of the borrower(s); and the return of any device(s), component(s) or accessory(ies) in a condition beyond normal wear and tear.

Signature of Borrower

Date

Signature of Borrower

Date

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Illinois Assistive Technology Program and any and all employees, agent 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 Illinois Assistive Technology Program and any and all employees, agent or representatives of same, in connection with loan(s) from the Illinois Assistive Technology Program.

Signature of Borrower

Date

Return your completed, SIGNED request form to Illinois Assistive Technology Program, Attention: Nikki Schultz, 1020 South Spring Street, Springfield, Illinois 62704