

# Assistive Technology of Ohio Device Library DEVICE REQUEST FORM / AGREEMENT

Please print legibly. We cannot process your request if we can't read all the information.

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

Name \_\_\_\_\_

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

Daytime phone # \_\_\_\_\_ Evening phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ County \_\_\_\_\_

E-mail \_\_\_\_\_

If the recipient is a person with a disability please complete this section: (optional)

Date of Birth: \_\_\_\_\_

Race/Ethnicity:  Caucasian  African-American  Asian  Latino  
 Other (specify) \_\_\_\_\_

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

- Department of Mental Health  Ohio Dept. of MR/DD
- ODJFS  Public School  Private School
- Bureau of Vocational Rehabilitation  BSVI
- Area Agency on Aging
- Veteran's Administration
- Other (specify) \_\_\_\_\_
- None

Equipment Requested:

Inventory Number	Name of Item
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

Date of Request \_\_\_\_\_

**If you wish to wait until all items are available to send to you at the same time, check here.**

Purpose (Check all that apply):

- Evaluation                       Demonstration                       Trial use  
 Accommodation                       Training                       Other (specify) \_\_\_\_\_

**FOR DEMONSTRATION/TRAINING ONLY**, if the equipment is needed for a scheduled event: Date(s) of event: \_\_\_\_\_

Do you need instructions and the inventory sheet that comes with each item in an alternate format (large print, disk, audio tape, Braille)? Please specify.

\_\_\_\_\_

How did you hear about AT Ohio's Assistive Technology Lending Library?

\_\_\_\_\_

Is this the first time you are borrowing a device?     Yes                       No

Person requesting the equipment, if other than recipient:

Name \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening phone # \_\_\_\_\_

Name of agency \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ County \_\_\_\_\_

e-mail \_\_\_\_\_ Relationship to recipient \_\_\_\_\_

**Support Person (person able to train/assist recipient in using equipment). For items indicated as requiring a support person, you **MUST** identify a support person before your request can be processed:**

Name/Relationship \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Address for delivery where someone is available Monday-Friday, 9 AM to 5 PM. DO NOT use a P.O. Box Number for shipping address – you must include a street reference. If delivery is to a large facility you must specify department, floor and/or office or room number.**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Department \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Address for pick-up, if different from delivery address – follow guidelines above. If there are any changes, you must notify us before the devices are scheduled to be picked up.**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Department \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### **Borrower's Responsibility and Liability Statements**

**Please read and sign BOTH the “Borrower's Responsibility and Liability” and the “Release of Liability” statements on pages 4 and 5.**

**The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.**

**Please note that you must IMMEDIATELY report any missing or damaged items in order to 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 the device(s).

I am responsible for returning all components to Assistive Technology of Ohio's Assistive Technology Lending Library in a timely manner 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 Assistive Technology Lending Library at 800-784-3425 immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I may be held financially liable. In the event of loss, I will contact Assistive Technology of Ohio at 800-784-3425 or 614-293-9134 immediately.

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 Assistive Technology of Ohio.

If an equipment breakage or malfunction occurs, I must immediately notify the Assistive Technology Lending Library Coordinator at Assistive Technology of Ohio (800-784-3425). I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.

If there is a change in the pick up address, I will notify the Lending Library Coordinator prior to the scheduled pick up date.

I understand it is illegal to copy or distribute any software loaned through Assistive Technology of Ohio's Assistive Technology Lending Library. Upon completion of the loan period, if I have loaded borrowed software on my computer, I will remove it.

Failure to comply with these responsibilities will result in loss of future access to Assistive Technology of Ohio's Assistive Technology Device Library, in addition to applicable financial liability.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address (if different than recipient or person requesting)

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless the Assistive Technology of Ohio, The Ohio State University, The Ohio State University Research Foundation, and the State of Ohio, 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 Assistive Technology of Ohio, The Ohio State University, The Ohio State University Research Foundation, and the State of Ohio, and any and all employees, agents or representatives of same, in connection with loan(s) from Assistive Technology of Ohio's Technology Loan Library

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone Number

\*\*\*\*\*

**Return your completed, signed request form to**

**Assistive Technology of Ohio  
1139 Dodd Hall  
480 Medical Center Drive  
Columbus, OH 43210**

**You can FAX your application to: 614-293-9127.**

**Please call 800-784-3425, or e-mail [atohio@osu.edu](mailto:atohio@osu.edu) if you have any questions regarding the technology loan library or the application.**

**BEFORE YOU SUBMIT YOUR LOAN REQUEST:**

**Did you fill in the replacement value of the device you want to borrow in the space provided on page 4? If you need help, contact AT Ohio at 800-784-3425.**

**Did you sign the request form in both places on pages 4 and 5?**

**Did you provide a specific address, including department, floor, room or office number if the delivery and/or pick up address is to a large facility?**