



ASSISTIVE TECHNOLOGY LENDING LIBRARY APPLICATION

Borrower's Name: _____

Address: _____ County: _____ Telephone: _____

City: _____ State: _____ Zip Code : _____

Birthdate: _____ Age: _____ Sex: _____ Email: _____

How many individuals live in your household? _____

Name of parent/guardian, spouse, partner, or next of kin: _____

Disability: _____

Is the borrower:

- An individual with a disability
- A family member, guardian, or representative
- A Representative of Education
- A Representative of Employment
- A Representative of Health, Allied Health, Rehabilitation
- A Representative of Community Living
- A Representative of Technology

For what task(s) would you like to use the assistive technology?

How did the individual learn about the Assistive Technology Center?

Reason for borrowing (check one):

- Device trial or evaluation (to find out what kind of device / if a device can help)
- Professional Development / Outreach / Training
- Accommodation (to use in work setting or during a public event)
- To serve as a loaner during device repair or while waiting for funding

Military Status: Active Duty National Guard/Reserve Veteran
 Member Military/Veteran Family (child, spouse or parent) N/A

OPTIONAL - Information is used for tracking purposes only. Information is kept confidential.

Please indicate which ethnic group you identify yourself with:

African American Asian American Caucasian Hispanic
 Native American Multiple Ethnicities Other

Easterseals Iowa Assistive Technology Lending Library Agreement:

Eligibility: Individuals residing in Iowa, including persons with disabilities, family members, teachers, health professionals, etc. are eligible for the program. A limit of five items can be loaned at any given time, for up to 30 days. A person can access an unlimited amount of items in a given year. The borrower is responsible for the pick up of all item(s) from the Easterseals Iowa Assistive Technology Center Lending Library and the borrower is responsible for all fees to return the item(s) to Easterseals Iowa.

Condition of items: Please return items in a clean and operable condition, with all parts, by the due dates, or contact Easterseals Iowa to determine if the loan date can be extended. Report any damage or problems upon return of items. I understand and agree that I am responsible for proper handling and use of the device(s).

Repair/Replacement: The undersigned borrower agrees to be responsible for the cost of repairing or replacing items borrowed from Easterseals Iowa that may become damaged, destroyed, lost, or in any other way altered during use, or if the item is not returned when due; Easterseals Iowa reserves the right to bill the borrower the replacement cost of the item. Easterseals Iowa reserves the right to deny access to borrowers if items are not returned. If items are not returned, Easterseals Iowa reserves the right that no further items will be loaned to the individual.

Copyright Protection: Easterseals Iowa abides by all lending and copyright laws governing the unlawful duplication of copyrighted computer software and software manuals. The borrower understands that this material is protected by copyright laws and agrees not to make copies, and also to remove the software from his/her drive before returning the item to Easterseals Iowa. I understand that borrowed devices are purchased with federal and/or state funds for the benefit of person with disability and are not to be used for private gain or commercial use by any individual or entity.

Easterseals Iowa Assistive Technology Center does not collect social security numbers, insurance information, nor individual's personal identification.

Signature of Responsible Party: _____ Date: _____

Witness: _____ Date: _____

Weighted Items: If you are interested in loaning a weighted item, the weighted item must weigh no more than 10% of the user's total body weight. The weighted item must be used no more than 20 minutes at a time; with adult supervision required at all times. If a weighted item with additional weight is requested, a weighted plan and assessment from a medical practitioner is required.

I have read and acknowledge the above statement

Signature of Responsible Party: _____ Date: _____

Witness: _____ Date: _____

Waiver of Liability:

The undersigned, individual or as a parent or guardian, in partial recognition of services rendered and benefits conferred by Easterseals Iowa, hereby releases and forever discharges Easterseals Iowa, its agents and assigns, from any and all claims, demands or actions, causes of actions, or suits of whatsoever kind or nature of damages sustained by the above named client or accruing to the undersigned in consequence of any accident or occurrence resulting from use of durable medical equipment and/or participation in any program of Easterseals Iowa, and when the above named client is not on the premises of said Easterseals Iowa, and is engaged in any venture or activity solely on his or her own behalf.

Signature of Responsible Party: _____ Date: _____

Witness: _____ Date: _____

For Office Use Only: Assistive Technology description and identification numbers loaned:

Check-Out Date: _____ Return Date: _____

Team Member Signature: _____

* Revised 2023-10-10