

C.A.R.E.S., INC.
ASSISTIVE TECHNOLOGY LOAN PROGRAM (ATLP)
DEVICE REQUEST FORM

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

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 _____

The recipient is (CHECK ONE): Person w/disability Family member
 Employer Educator Service provider Other _____

First time borrowing a device? Yes No

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:

- Veteran's Administration
- Rehabilitation Services
- Area Agency on Aging / Senior Center
- Other _____

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

Equipment Requested:

Name of Item	Staff Use
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

CHECK boxes above for items required at the same time.

Reason for borrowing (Check all that apply):

- Assist in decision making (Device trial or evaluation.)
- Loaned during AT repair or waiting for funding.
- Provided an accommodation for the short term.
- Other (specify) _____

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

- at School
- at Home or in Community
- at Work
- using phone or computer

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.

SECTION 2. Others involved in device use or selection:

Support Person (person who will 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 _____

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 _____

SECTION 3. Shipping Information:

Address for DELIVERY where someone is available to sign for a delivery, Monday-Friday, 9 AM to 5 PM. Please use a street address only – no PO Boxes. 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 # _____ Email _____

Organization/Agency _____

Department _____

Street Address _____ Apartment/Room # _____

City/State/Zip _____

The device(s) are due back at CARES on: _____

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.

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 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 \$ _____ 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 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.

If there is a change in the pick up address, I will notify the ATLP at CARES, Inc. prior to the scheduled pick up date.

I understand it is illegal to copy or distribute any software loaned through the ATLP at CARES, Inc. 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 the ATLP at CARES, Inc., 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 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	_____ Date
_____ Print Name	_____ Phone Number

SECTION 5. What do I do next?

Return your completed, signed request form to:

Assistant Technology Loan Program
C.A.R.E.S., Inc.
134 Main St., Suite 2C
Winthrop, ME 04364
1-800-773-7055 Voice/TTY/Maine Relay
Fax: 207-377-7057
Email: kathy.despres@caresinc.org

Final Checklist:

- If the recipient is a person with a disability, did you complete all of the information in Section 1?
- In Section 3, 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?
- Did you fill in the replacement value of the device you want to borrow in the space provided in Section 4?
- Did you sign the request form in both places in Section 4?

Thank you for using the CARES, Inc. Assistant Technology Loan Program

Please tell someone about us!