

ASSISTIVE TECHNOLOGY LENDING LIBRARY APPLICATION

Borrower's Name:						
Address:			County:		Telephone:	
City:		Sta	ate:	Zip Code :_		
Birthdate:	Age:	Sex:	Email:			
How many individuals I	ive in your housel	nold?				
Name of parent/guardi	an, spouse, partn	er, or next of l	kin:			
Disability:						
A Representativ A Representativ A Representativ	er, guardian, or repeter, guardian, or repeter of Education e of Employment e of Health, Allied e of Community I e of Technology	l Health, Reha Living				
How did the individual I	earn about the As	ssistive Techr	nology Center	?		
Reason for borrowing (check one):					
Device trial or e	valuation (to find	out what kind	l of device / if	a device can	help)	
Professional De	velopment / Outr	each / Trainir	ng			
Accommodatio	n (to use in work	setting or dur	ing a public e	event)		
To serve as a lo	aner during devic	e repair or wh	nile waiting fo	or funding		

Military Status:	Active Duty	National Guard	d/Reserve	Ueteran	
	Membe	er Military/Veteran Fam	ily (child, spouse c	or parent)	□ N/A
		r tracking purposes onl oup you identify yourse		cept confident	ial.
African Ar	<u> </u>	Asian American Multiple Ethnicities	Caucasia Other	n	Hispanic
Easterseals lowa	Assistive Technol	logy Lending Library Aç	reement:		
professionals, etc 30 days. A persor pick up of all item	c. are eligible for the n can access an un n(s) from the Easter	va, including persons wi e program. A limit of five limited amount of items rseals lowa Assistive Te item(s) to Easterseals I	e items can be loa s in a given year. T echnology Center l	ned at any give he borrower is	en time, for up to s responsible for the
contact Eastersea	als Iowa to determi	ems in a clean and opera ine if the loan date can b ree that I am responsib	oe extended. Repo	ort any damage	e or problems upon
items borrowed for during use, or if the replacement cost	rom Easterseals lo ne item is not returr t of the item. Easter	ned borrower agrees to wa that may become da ned when due; Easterse rseals lowa reserves the asterseals lowa reserve	amaged, destroyed als lowa reserves e right to deny acc	d, lost, or in an the right to bil ess to borrow	y other way altered I the borrower the ers if items are not
duplication of cop material is protect his/her drive before with federal and/or	oyrighted computer sted by copyright la ore returning the ite	owa abides by all lending r software and software ws and agrees not to m m to Easterseals lowa. he benefit of person wit entity.	manuals. The boo ake copies, and al I understand that I	rrower underst lso to remove t borrowed devi	tands that this the software from ces are purchased
	Assistive Technoloersonal identificat	ogy Center does not co ion.	llect social securi	ty numbers, in	surance information,
Signature of Resp	oonsible Party:			Date	ə:
Witness:				Dat _i	٥.

and assessment from a medical practition	a weighted item with additional weight is r oner is required.	equesteu, a weignteu plan
I have read and acknowledge the	above statement	
Signature of Responsible Party:		Date:
Witness:		Date:
conferred by Easterseals lowa, hereby rel from any and all claims, demands or action damages sustained by the above named or occurrence resulting from use of dural	t or guardian, in partial recognition of serv leases and forever discharges Easterseals ons, causes of actions, or suits of whatsoe client or accruing to the undersigned in co ole medical equipment and/or participation amed client is not on the premises of said on his or her own behalf.	s lowa, its agents and assigns, ever kind or nature of onsequence of any accident n in any program of
Signature of Responsible Party:		Date:
Witness:		Date:
For Office Use Only: Assistive Technolog	gy description and identification numbers	s loaned:
Chaok Out Data:	Doturn Doto:	
	Return 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

Easterseals Iowa • 401 NE 66th Avenue • Des Moines, IA 50313

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