



## Device Loan General Instructions

Please read and sign the three forms included in this packet

1. Device Loan Request Form (pages 2 -3)
2. Borrower's Responsibility and Liability (page 4)
3. Release of Liability Statement (page 5)

Please complete and mail these forms to the address listed below.  
Once your signed forms are received your device loan request will be initiated.

## Borrower's General Responsibility and Liability Statements

The person who is accepting FINANCIAL RESPONSIBILITY for this equipment should sign all forms. That person should also be listed as the person borrowing the device. (Question 1, on page 2 of the Device Loan Sign-Out form)

Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement or missing or damaged items. To report missing or damaged items, please call 1-800-244-2756 ext. 634 or send e-mail to [ATRC@eastersealsma.org](mailto:ATRC@eastersealsma.org).

## Returning Device(s) Loaned

MA MATCH loaned device(s) must be returned to Easter Seals MA on or before the due date listed in the contract on page 4. Items must be returned clean, complete and in original operating condition. A fee may be charged for cleaning, repairs and/or replacement parts or full replacement. All fees will be based on current replacement value.

Easter Seals Massachusetts  
Assistive Technology Regional Center

89 South St.  
Boston, MA 02111

484 Main St.  
Worcester, MA 01608

256 Union St.  
New Bedford, MA 02740

To arrange to drop off of loaned device(s) a location in person, please call  
1-800-244-2756, ext. 634  
FAX - 617-737-9875



## Device Loan Request Form

### 1. Borrower information:

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone/TTY: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Borrowers Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Ethnic Group: Caucasian African Amer. Asian Amer. Multiple Ethnicity  
Hispanic Native Amer. Other

Veteran Status (check one): Active Duty Nat'l Guard/Reserve Veteran  
Member of Military/Veteran Family N/A

Disability Classification: check one that best applies to the borrower:

Speech Vision Hearing Neurological Physical Not Applicable

Have you borrowed an item from the Device Loan Program in the past?

Yes No Comments: \_\_\_\_\_

2. Borrower is a/an (check the one that best applies)	✓
Individual with Disability	
Family member or authorized representative	
Educational Professional	
Employment Professional	
Health Professional	
Community Living Professional	
Technology Professional	
Other	

3. Purpose of the Device Loan	✓
Device Trial or Evaluation	
Serve as a loaner during device repair or while waiting for funding	
Short term accommodation	
Other	

4. Primary Purpose of Assistive Technology Device (choose one)	✓
Meet and Educational Need	
Meet an Employment Need	
Meet a Community Living Need	
Meet an IT or Telecommunication Need (such as a phone)	

5. Equipment Requested: \_\_\_\_\_  
 \_\_\_\_\_

6. Length of Loan Requested:  2 Weeks     4 Weeks     Other\_\_\_\_\_

7. Loan Start Date : \_\_\_\_\_

8. Are you able to arrange pick up and return of the device at one of the locations listed below?  Yes  No

**Easter Seals Massachusetts**

FAX - 617-737-9875

Choose One:

89 South Street  
 Boston, MA 02111  
 617-226-2634

484 Main Street,  
 6<sup>th</sup> Floor  
 Worcester, MA  
 800-244-2756

256 Union Street  
 New Bedford, MA  
 508-992-3128

Other: Please Specify: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Requesting Loan

\_\_\_\_\_  
 Date

Office Use Only

Name of Device(s) Support Person: \_\_\_\_\_

Support Person's Contact Number: \_\_\_\_\_



## BORROWER'S RESPONSIBILITY AND LIABILITY STATEMENT

I understand and agree that I am responsible for proper handling and use of the borrowed device(s). I am responsible for returning all components to Easter Seals in a timely manner and in accordance with agreed upon arrangements. If I find that any components listed on the inventory sheet are missing when I take delivery, I must call Easter Seals at 800-244-2756 ext.634 *immediately* so I will not be held financially liable for the missing components.

### Devices Borrowed:

Inventory #	Device	Value

The total replacement value of the item(s) I am borrowing is

\$\_\_\_\_\_.

- In case of theft, I will not be held responsible, as long as I *immediately* notify the police and Easter Seals. I must provide a copy of the police report to ATRC Coordinator at Easter Seals.
- If an equipment breakage or malfunction occurs, I must *immediately* notify Easter Seals at 800-244-2756 ext. 634. I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.
- I understand that it is illegal to copy or distribute any software which is installed on the MassMATCH equipment.
- Failure to comply with these responsibilities will result in loss of future access to the MassMATCH Device Loan Program in addition to applicable financial responsibility.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Out

\_\_\_\_\_  
Date Due Back



## RELEASE OF LIABILITY

I agree to indemnify and hold harmless Easter Seals Massachusetts, Massachusetts Rehabilitation Commission and any and all employees, agents or representatives of the same, from damages to property or injuries (including death) to myself and/or any person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against Easter Seals Massachusetts, Massachusetts Rehabilitation Commission and any/all employees, agents or representatives of same in connection with loan(s) from the MassMATCH Device Loan Program.

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

\_\_\_\_\_  
Date

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

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