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.

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. 484 Main St. 256 Union St.
Boston, MA 02111 Worcester, MA 01608 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:_________________________________

<table>
<thead>
<tr>
<th>2. Borrower is a/an (check the one that best applies)</th>
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<tbody>
<tr>
<td>☑ Individual with Disability</td>
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<tr>
<td>Family member or authorized representative</td>
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<tr>
<td>Educational Professional</td>
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<tr>
<td>Employment Professional</td>
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<tr>
<td>Health Professional</td>
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<tr>
<td>Community Living Professional</td>
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<tr>
<td>Technology Professional</td>
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<td>Other</td>
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<th>3. Purpose of the Device Loan</th>
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<tr>
<td>☑ Device Trial or Evaluation</td>
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<tr>
<td>Serve as a loaner during device repair or while waiting for funding</td>
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<tr>
<td>Short term accommodation</td>
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<tr>
<td>Other</td>
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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  ☐ 484 Main Street,  ☐ 256 Union Street
   Boston, MA 02111  6th Floor  New Bedfod, MA
   617-226-2634  Worcester, MA  508-992-3128
   800-244-2756

☐ 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:

<table>
<thead>
<tr>
<th>Inventory #</th>
<th>Device</th>
<th>Value</th>
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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

________________________________________________________________________
Print Name

________________________________________________________________________
Date

________________________________________________________________________
Phone Number