

**Assistive Technology of Ohio Device Library
DEVICE REQUEST FORM / AGREEMENT**

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

Equipment Requested:

Name of Item	Inventory Number (if known)

Date of Request _____

Borrower's Name _____

Daytime phone # _____ Evening phone # _____

Name of agency (if applicable) _____

Address _____ Bldg / Room / Suite _____

City/state/zip _____ County _____

Email _____

Relationship to user _____

(If someone other than the borrower will be using the device at home, we must have their contact information, or the request will not be approved.)

Name _____

Daytime phone # _____ Evening phone # _____

Street Address _____

City/State/Zip _____ County _____

Email _____

Relationship to user (Client, patient, student, etc.) _____

Address for delivery where someone is available Monday-Friday, 9 AM to 5 PM to sign for delivery. DO NOT use a P.O. Box Number for shipping address – you must include a street reference. If delivery is to a business, agency, school, etc. you MUST specify department, floor and/or office or room number.

____ Same as Borrower's address

____ Same as User's address

Full Name _____ Title _____

Phone # _____ Email _____

School/Organization/Agency _____

Department _____

Street Address _____ Apartment/Room # _____

City/State/Zip _____

Date of Birth: _____

Race/Ethnicity:

African-American Asian Caucasian Latino

Other (specify) _____

If the recipient is served by any of the following "systems", check **all** that apply:

- | | |
|---|---|
| <input type="checkbox"/> Department of Mental Health | <input type="checkbox"/> Ohio Dept. of Developmental Disabilities |
| <input type="checkbox"/> ODJFS <input type="checkbox"/> Public School | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Bureau of Vocational Rehabilitation | <input type="checkbox"/> Bureau of Service for Visually Impaired |
| <input type="checkbox"/> Area Agency on Aging | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Other (specify) _____ | |

Purpose (MUST be completed. Check all that apply):

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Trial use |
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Training | |
| <input type="checkbox"/> Other (specify) _____ | | |

FOR DEMONSTRATION/TRAINING ONLY if the equipment is needed for a scheduled event

Date(s) of event: _____

BORROWER'S RESPONSIBILITY AND LIABILITY STATEMENTS

Please read and sign BOTH the “Borrower’s Responsibility and Liability” and the “Release of Liability” statements on pages 3 and 4. The person borrowing the device is considered to be the person responsible for the device and should sign the forms.

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand that the device I am borrowing is the sole property of The Ohio State University. I may not transfer the device, other than as specified on the request form, to someone else, sell, donate, or otherwise dispose of the borrowed device. I understand and agree that as the Responsible Signing Party, it is **my responsibility to ensure the timely return of devices to Assistive Technology of Ohio**. I understand that failure to return borrowed items will be deemed as theft, and the appropriate legal action WILL be taken.

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 Assistive Technology of Ohio’s Assistive Technology Lending Library in a timely manner 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 Assistive Technology Lending Library at 800-784-3425 immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I understand I could be held financially liable. In the event of loss, I will contact Assistive Technology of Ohio at 800-784-3425 or 614-293-9134 immediately.

In the case of theft, I understand that 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 Assistive Technology of Ohio.

If an equipment breakage or malfunction occurs, I must immediately notify the Assistive Technology Lending Library Manager at Assistive Technology of Ohio (800-784-3425). I understand that 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 it is illegal to copy or distribute any software loaned through Assistive Technology of Ohio’s Assistive Technology Lending Library. 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 Assistive Technology of Ohio’s Assistive Technology Device Library, in addition to applicable financial or legal liability.

Signature of Responsible Party

Date

Print Name

Phone

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Assistive Technology of Ohio, The Ohio State University, The Ohio State University Research Foundation, and the State of Ohio, 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 Assistive Technology of Ohio, The Ohio State University, The Ohio State University Research Foundation, and the State of Ohio, and any and all employees, agents or representatives of same, in connection with loan(s) from Assistive Technology of Ohio's Technology Loan Library

Signature

Date

Print Name

Phone Number

Return the completed, signed request form to:

**Assistive Technology of Ohio
Area 1700
1314 Kinnear Rd.
Columbus, OH 43212**

You can FAX your application to: 614-292-3621.

Please call 800-784-3425, or e-mail atohio@osu.edu if you have any questions regarding the technology loan library or the application.

BEFORE YOU SUBMIT YOUR LOAN REQUEST:

MAKE SURE YOU KEEP A COPY OF THE SIGNED FORM FOR YOURSELF.

Did you sign the request form in both places on pages 3 and 4?

Did you provide a specific address, including name of business, school, or facility, department, floor, room or office number?