



# Assistive Technology Lending Library Application

**Lending Library:** The Assistive Technology Lending Library is available to any individual that resides in Iowa and is a short-term 30-day loan trial. An individual can borrow up to five devices at a time and can borrow an unlimited number of devices in any given year.

**Assistive Technology for Social Isolation:** This statewide program was created to offer long-term loans of specific assistive technology to support individuals with disabilities that are age 18 and older or persons age 60 or older that are experiencing social isolation. The technology provided remains the property of Easterseals Iowa but can be used as long as is needed and staff are available to provide training for the individual receiving the technology. Applications will be reviewed on a one-to-one basis and will be reviewed in the order they are received.

*The project is partially funded through the Administration on Community Living Grant 90NWC30017-01-00, in partnership with the Iowa Department on Aging Grant Opportunity for Aging and Disability Resource Centers (ADRC)/No Wrong Door (NWD) Systems Critical Relief Funds for COVID-19 Pandemic Response, Elderbridge Area Agency on Aging, University of Iowa Center for Disability and Development and i4a.*

Are you applying for the Lending Library?      **Yes**      **No**  
Are you interested in applying for the AT For Social Isolation Program?      **Yes**      **No**

Borrower's Name:

Address: City: State:

Zip Code: County:

Telephone:

Birthdate:      Age:      Sex:      Email:

Name of parent/guardian:

Disability:

Is the borrower:

- An individual with a disability
- A family member, guardian, or representative
- A Representative of Education
- A Representative of Employment
- A Representative of Health, Allied Health, Rehabilitation
- A Representative of Community Living
- A Representative of Technology

For what task(s) would you like to use the assistive technology?

On a scale from 1 to 4, 1 being lowest and 4 being highest, how would you rate your level of social isolation at this time?

4: Completely Isolated

3: Somewhat Isolated

2: Rarely Isolated

1: Never Isolated

If you answered the question above, please explain (social isolation experience, needs not being met, etc.).

How did the individual learn about the Assistive Technology Center?

Reason for borrowing (check one):

Device trial or evaluation (to find out what kind of device / if a device can help)

Professional Development / Outreach / Training

Accommodation (to use in work setting or during a public event)

To serve as a loaner during device repair or while waiting for funding

Military Status:  Active Duty  National Guard/Reserve  Veteran

Member Military/Veteran Family (child, spouse, or parent)  N/A

OPTIONAL: Information is used for tracking purposes only and kept confidential.

Please indicate which ethnic group you identify yourself with:

African American  Asian American  Caucasian  Hispanic  Native American

Multiple Ethnicities  Other

## **Easterseals Iowa Assistive Technology Lending Library Agreement:**

**Lending Library Eligibility:** Individuals residing in Iowa, including persons with disabilities, family members, teachers, health professionals, etc. are eligible for the program. A limit of five items can be loaned at any given time, for up to 30 days. A person can access an unlimited number of items each year. The borrower is responsible for the pickup of all item(s) from the Easterseals Iowa Assistive Technology Center Lending Library and the borrower is responsible for all fees to return the item(s) to Easterseals Iowa.

**Assistive Technology for Social Isolation Eligibility:** Individuals with disabilities that are age 18 and older and persons age 60 and older are eligible to receive services thru the AT for Social Isolation program. After completing the Lending Library Agreement, the individual will be contacted for approval and next steps. The individual will receive assistive technology for a long-term loan, though remaining the property of Easterseals and will receive training from staff to learn the new technology.

**Condition of items:** Please return items in a clean and operable condition, with all parts, by the due dates, or contact Easterseals Iowa to determine if the loan date can be extended. Report any damage or problems upon return of items. I understand and agree that I am responsible for proper handling and use of the device(s).

**Repair/Replacement:** The undersigned borrower agrees to be responsible for the cost of repairing or replacing items borrowed from Easterseals Iowa that may become damaged, destroyed, lost, or in any other way altered during use, or if the item is not returned when due; Easterseals Iowa reserves the right to bill the borrower the replacement cost of the item. Easterseals Iowa reserves the right to deny access to borrowers if items are not returned. If items are not returned, Easterseals Iowa reserves the right that no further items will be loaned to the individual.

**Copyright Protection:** Easterseals Iowa abides by all lending and copyright laws governing the unlawful duplication of copyrighted computer software and software manuals. The borrower understands that this material is protected by copyright laws and agrees not to make copies, and to remove the software from his/her drive before returning the item to Easterseals Iowa. I understand that borrowed devices are purchased with federal and/or state funds for the benefit of person with disability and are not to be used for private gain or commercial use by any individual or entity.

Signature of Responsible Party:

Date:

Witness:

Date:

### **Waiver of Liability:**

The undersigned, individual or as a parent or guardian, in partial recognition of services rendered and benefits conferred by Easterseals Iowa, hereby releases and forever discharges Easterseals Iowa, its agents and assigns, from any and all claims, demands or actions, causes of actions, or suits of whatsoever kind or nature of damages sustained by the above named client or accruing to the undersigned in consequence of any accident or occurrence resulting from use of durable medical equipment and/or participation in any program of Easterseals Iowa, and when the above named client is not on the premises of said Easterseals Iowa, and is engaged in any venture or activity solely on his or her own behalf.

Signature of Responsible Party:

Date:

Witness:

Date:

**For Office Use Only:**

**Is this an AT for Social Isolation Application?    Yes        No**

**Application Approval:    Yes        No        Waitlist**

Assistive Technology description and Identification numbers loaned, please specify long or short-term loan:

Check-Out Date:

Return Date:

Team Member Signature: