



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

Do you know which assistive technology you would like?

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

Have you previously or are you currently participating in Iowa Return to Community (IRTC) through one of these four local agencies on aging, Connections AAA, Elderbridge Agency on Aging, Milestone AAA, NEI3A. IRTC is a service that assists seniors with services after being discharged from a hospital or nursing facility. Examples of services arranged include a home visit, home delivered meals, homemaker and chore tasks, home modifications and DME, transportation etc.

- Yes             No             Unknown

Will this equipment/device help you

stay in your home       be more independent       all of the above       not applicable

## **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 Grant Eligibility:** Individuals with disabilities that are age 18 and older and persons age 60 and older are eligible to receive services through the AT Grant 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. A limit of \$750 applies for devices obtained to support a person to increase their independence, remain in their home and have access to the community.

**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:

***\*All fields of this form are required to be filled out to be eligible for this program.***

**For Office Use Only:**

**Is this an AT Grant Application?**

**Yes**

**No**

**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: