

# Computer/AT Loan Program

## COMPUTER LOAN REQUEST FORM

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

### **SECTION 1. Borrowing information about the recipient:** **(person who will be using the equipment):**

Name \_\_\_\_\_

If recipient is a minor, name of parent/guardian: \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ County \_\_\_\_\_

E-mail \_\_\_\_\_

The **recipient** is (CHECK ONE):

Person w/disability     Educator/School/University

First time borrowing a device?    Yes     No

### **If the recipient is a person with a disability, complete this section:**

Date of Birth: \_\_\_\_\_

Race/Ethnicity:    Caucasian     African-American     Asian (American)  
 Latino    American Indian     Other \_\_\_\_\_

Is the recipient served by any of the following systems:

- Bureau of Rehabilitation Services (BRS)
- Board of Education Services for the Blind (BESB)
- Veteran's Administration (VA)

The Assistive technology device will help (check ONLY ONE):

- at School
- at Home or in Community
- at Work
- with Telecommunications

Do you need written information in an alternate format (large print, disk, audio tape, Braille)? (Please specify): \_\_\_\_\_

\_\_\_\_\_

**Reason for using this program (Please Check One):**

- Could only afford the AT through this program
- AT was only available through this program
- Other programs too complex or wait is too long
- Other \_\_\_\_\_

**Purpose of Loan**

- Assist in decision making (Device trial or evaluation – to find out what kind of device / if a device can help)
- To provide an Accommodation (on a short-term basis)
- Served as loaner during device repair or while waiting for funding
- Other (specify) \_\_\_\_\_

**Equipment Requested:**

Description	Name of Item
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**SECTION 2. Others involved in device use:**

**Person requesting the equipment, if other than recipient:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Name of agency \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ County \_\_\_\_\_

e-mail \_\_\_\_\_ Relationship to recipient \_\_\_\_\_

**SECTION 3. Borrower’s Responsibility and Liability Statements**

**Please read and sign BOTH the “Borrower’s Responsibility and Liability” and the “Release of Liability” statements in Section 3.**

**The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.**

**Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.**

### **BORROWER'S RESPONSIBILITY AND LIABILITY**

I understand and agree that I am responsible for proper handling and use of the computer and all computer access device(s) that I borrow from CATLP.

I am responsible for returning all components to the Center for Adaptive Technology on the Southern Connecticut State University campus at the end of my loan. If I find that any components listed on the inventory sheet are missing when I obtain my computer loan, I must call the Center for Adaptive Technology at **203-392-5799** immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact the the Center for Adaptive Technology on the Southern Connecticut State University at **203-392-5799** immediately.

**The total replacement value of the item(s) I want to borrow is \$\_\_\_\_\_.**

In the case of loss or theft, I will not be held responsible, as long as I immediately report the incident to the police, immediately notify the Center for Adaptive Technology at **203-392-5799** and provide a copy of the police report to the Center for Adaptive Technology on the Southern Connecticut State University.

If an equipment breakage or malfunction occurs, I must immediately notify the Center for Adaptive Technology at **203-392-5799**.

I understand it is illegal to copy or distribute any software loaned through the Computer/Assistive Technology Loan Program.

Failure to comply with these responsibilities will result in loss of future access to Computer/Assistive Technology Loan Program, in addition to applicable financial liability.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address (if different than recipient or person requesting)

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless the Center for Adaptive Technology, Southern Connecticut State University, Connecticut Tech Act Project, Department of Social Services, State of Connecticut, 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 the Center for Adaptive Technology, Southern Connecticut State University, Connecticut Tech Act Project, Department of Social Services, State of Connecticut, and any and all employees, agents or representatives of same, in connection with loan(s) from the Computer/Assistive Technology Loan Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

**Final Checklist:**

- If the recipient is a person with a disability, did you complete all of the information in Section 1?**
- If the person requesting the computer loan is not the person with a disability who will be using the computer loan, did you complete all of Section 2?**
- Did you sign the request form in both places in Section 3?**

**Thank you for using the Computer/Assistive Technology Loan Program, a partnership between the Center for Adaptive Technology & the Connecticut Tech Act Project.**

The Connecticut Tech Act Project is funded by the U.S. Department of Education under the Assistive Technology Act of 1998, as amended. No official endorsement by the U.S. Department of Education of any product, commodity, service or enterprise mentioned in this publication is intended or should be inferred.

In compliance with the Americans with Disabilities Act, this information is available in alternate formats upon request.

## Where to Send Your Application

Please return this application via one of the following methods:

**Mail:**

Center for Adaptive Technology  
Southern CT State University  
Engleman B017  
501 Crescent St.  
New Haven, CT 06515

**Fax:**

203-392-5796

**Email:**

cat@southernct.edu