

# Eastern Monroe Public Library

## DEVICE 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 # \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ Date of Birth or Age \_\_\_\_\_

- The **recipient** is (CHECK ONE):  Person w/disability  Family/Authorized Rep.  
 Employer/Employment service  Educator/School/University/Student  
 Health, allied health, rehabilitation provider  
 Community Living Provider/Community Organization  Other \_\_\_\_\_

First time borrowing a device?  Yes  No

**Equipment Requested:**

EMPL Barcode	Name of Item
<input type="checkbox"/>	
<input type="checkbox"/>	

**Reason for borrowing (Check all that apply):**

- Device trial or evaluation (to find out what kind of device / if a device can help)  
 Professional Development or Outreach - FOR THIS CATEGORY ONLY: Date(s) needed: \_\_\_\_\_  
 Accommodation (to use in work setting or during a public event)  
 Served as loaner during device repair or while waiting for funding  
 Other (specify) \_\_\_\_\_

**If the recipient is a person with a disability, the assistive technology device will help them (check ONLY ONE):**

- at School  at Home or in Community  
 at Work  using phone or computer

Do you need instructions and the inventory sheet that comes with each item in an alternate format? Please specify:

\_\_\_\_\_

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

**Support Person** (person who will train/assist recipient in using equipment).  
For items indicated as requiring a support person, you **MUST** identify a support person before your request can be processed:

Name/Relationship \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

**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 4.**

**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 device(s).

I am responsible for returning all components to the Eastern Monroe Public Library in a timely manner and in accordance with delivery instructions. If I find that any components listed on the inventory sheet are missing when I opened, I must call the 570-421-0800 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 Eastern Monroe Public Library immediately.

**The total replacement value of the item(s) I want to borrow is \$ \_\_\_\_\_ plus the cost of the shipping case, if applicable.**

In the case of theft, 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 the Eastern Monroe Public Library.

If an equipment breakage or malfunction occurs, I must immediately notify the Library. I will not be held responsible for equipment breakage or malfunction that

occurs during normal use as long as I report it promptly.

If there is a change I will notify the Library prior to the scheduled pick up date.

I understand it is illegal to copy or distribute any software loaned through The Eastern Monroe Public 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, 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 Eastern Monroe Public Library, 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 Eastern Monroe Public Library, and any and all employees, agents or representatives of same, in connection with loan(s) from The Eastern Monroe Public Library.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

## **SECTION 4.**

### **Final Checklist:**

- If the recipient is a person with a disability, did you complete all of the information in Section 1?**
- Did you fill in the replacement value of the device you want to borrow in the space provided in Section 3? If you need help, contact your 570-421-0800 Ext. 49.**
- Did you sign the request form in both places in Section 3?**

**Thank you for using one of the Get REAL Programs  
Please tell someone about us!**

The Equipment is made possible by GET REAL (Regional Education Assisting Long Life Learning). Further information is available through Pennsylvania's Initiative on Assistive Technology (PIAT) and PA's Assistive Technology Lending Library which is funded by the Commonwealth of PA, with partial support from the US Dept. of Education (through PA's Initiative on Assistive Technology) and through the contributions of AT vendors, manufacturers, and users of the Lending Library.

For more information on PIAT, the Get REAL Program, and the Assistive Technology Lending Library, visit the website <http://disabilities.temple.edu/tech/>