

**UCP Central PA Assistive
Technology Lending Library
ON-SITE 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 _____

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

- | | |
|---|---|
| <input type="checkbox"/> Person w/disability | <input type="checkbox"/> Community Living |
| <input type="checkbox"/> Family/Authorized Rep. | Provider/Community Organization |
| <input type="checkbox"/> Employer/Employment service | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educator/School/University/Student | |
| <input type="checkbox"/> Health, allied health, rehabilitation provider | |

First time borrowing a device? ☐ Yes ☐ No

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

Date of Birth or Age: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Office of Mental Health | <input type="checkbox"/> Blindness and Visual Services |
| <input type="checkbox"/> Office of Developmental Programs | <input type="checkbox"/> Area Agency on Aging / Senior Center |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> None |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Private School | |
| <input type="checkbox"/> Office of Vocational Rehabilitation | |

Race/Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latino |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Asian | |

Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$5,000-\$14,000 | <input type="checkbox"/> \$26,000-\$34,000 | <input type="checkbox"/> \$50,000-\$74,000 |
| <input type="checkbox"/> \$15,000-\$25,000 | <input type="checkbox"/> \$35,000-\$49,000 | <input type="checkbox"/> \$75,000 |

Equipment Requested:

Inventory Code	Name of Item
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

***CHECK boxes above for items required at the same time. ***

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). Families, caregivers, and consumers may need to identify a support person before their loan is processed. In addition, seating, positioning, and mobility equipment will require a note from a therapist to ensure appropriate match.

Name/Relationship _____

Agency/Organization _____ Title _____

Address _____

Phone Number _____ Email _____

Person requesting the equipment, if other than recipient:

Name _____
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 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 UCP's Assistive Technology Lending Library in a timely manner.

In the case of loss or theft of a device or components, I will be held financially liable. In the event of loss, I will contact UCP immediately. In the event of theft, I will immediately notify UCP, and report the incident to the police and provide a copy of the police report.

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

If an equipment breakage or malfunction occurs, I must immediately notify UCP Central PA. 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 UCP'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 UCP's Assistive Technology Lending Library, 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 Institute on Disabilities, Temple University, Hiram G. Andrews Center, the Office of Vocational Rehabilitation, the Department of Labor and Industry, the Commonwealth of Pennsylvania, United Cerebral Palsy of Central Pennsylvania, Inc. 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 Institute on Disabilities, Temple University, Hiram G. Andrews Center, the Office of Vocational Rehabilitation, the Department of Labor and Industry, the Commonwealth of Pennsylvania, United Cerebral Palsy of Central Pennsylvania, Inc. and any and all employees, agents or representatives of same, in connection with loan(s) from Pennsylvania's Assistive Technology Lending Library and UCP's on-site Assistive Technology Lending Library.

Signature

Date

Print Name

Phone Number

SECTION 4. What do I do next?

Return your completed, signed request form to UCP Central PA, atlibrary@ucpcentralpa.org, Fax: 717-737-9017, or UCP Central PA, Assistive Technology Lending Library, 925 Linda Lane, Camp Hill, PA 17011.

After a request has been received, a lending library representative will call or email to schedule a pick-up date and time. All items to be picked up and dropped off by appointment only at UCP, Quaker Office Suites, 485 St. John's Church Road, Camp Hill.

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 UCP.**
- ☐ **Did you sign the request form in both places in Section 3?**

**Thank you for using UCP's On-Site Assistive Technology Lending Library
Please tell someone about us!**

UCP's On-Site Assistive Technology Lending Library is funded, in part, 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.