

Device Loan Request Form

Thank you for submitting your request for Oklahoma ABLE Tech's device loan program. Please allow 1-2 business days for your request to be reviewed by an ABLE Tech staff member. Should the device you requested not be available to loan, you will be added to the wait list to receive the equipment.

Questions? Contact ABLE Tech at **1-800-257-1705 (toll-free)** or email abletech@okstate.edu

* Indicates a REQUIRED field

Person Requesting the Equipment

First Name: * _____ Last Name: * _____

Organization / Agency Name: _____

Your Street Address (no P.O. Box): * _____

City: * _____ State: * _____ Zip: * _____

Your Phone Number (cell phone or secondary phone number): * _____

Your Email Address: * _____ Your Oklahoma County: * _____

Please check your preferred method of delivery: *

I prefer to pick up and return the device to Oklahoma ABLE Tech in Stillwater, Oklahoma

I prefer the device be shipped to my address; someone is available Mon-Fri, 9:00 a.m. to 5:00 p.m.

DO NOT use a P.O. Box number for the shipping address. A street reference is necessary. If delivery is to a large facility, please specify a department name and/or room number. A return shipping label will be provided free of charge.

Please specify a shipping address: *

Is this address residential or a business? *

Use the address above

Residential

Use the address below

Business

Please ship to the following person if the address is different than above.

First Name _____ Last Name _____

Organization / Agency Name _____

Department Name _____

Your Street Address (no P.O. Box) _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone Number _____

Device Requested

Device Request 1* _____

Device Request 2 _____

Device Request 3 _____

What is the primary purpose of the loan? Select one. *

- Assist in decision-making
- Short term accommodation
- Waiting for funding or repair of my device
- Support / professional outreach

Questions for the person who will be using the device

The device is for a person the age of: *

- Under 3 years 3 to 20 years 21 to 64 years over 65 years

Below... please give the name of the person who will be using the device (IF different from the person requesting the device; see next section.) DO NOT name a minor.

First Name _____ Last Name _____

Daytime Phone _____ Evening Phone Number _____

Street Address (no P.O. Box) _____

City _____ State _____ Zip _____

Person borrowing the device

The person is a(n) *

- Individual with a disability
- Family member or other authorized person
- Representative of employment
- School personnel or education related
- Representative of community living
- Health, allied health or rehabilitation related
- Representative of information tech

The device will benefit the person in... *

- Education
- Employment
- Community Living
- IT Access / Telecommunications

ABLE Tech is researching the needs of parent with disabilities. We would appreciate your participation by answering if the following statement is true:

I have a disability and I am a parent of an infant / toddler. *

- Yes No

This device / service was referred by *

AIM Center Liberty Braille Local School District OK State Department of Education
OK Department of Rehabilitation Services OT PT SLP SoonerStart Other

FEES

At this time, there are no rental fees to borrow Oklahoma ABLE Tech's assistive technology devices. However, late fees may be charged for any device not returned by the due date. Late fees may be assessed at a rate of \$25 per week. Failure to return a device by the due date will subject you to all applicable legal action.

The person who is the responsible party for this loan should agree with the following statements and sign below.

RELEASE OF LIABILITY

I agree to indemnify and hold harmless Oklahoma ABLE Tech and any and all employees, agent 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 Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with device loan(s) from Oklahoma ABLE Tech.

RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for the proper handling, storage, use, care, maintenance, and return of the device(s), component(s), or accessory(ies) loaned to me hereunder.

In the event that I lose or there is a malfunction of device(s), component(s), or accessory(ies), I shall immediately notify Oklahoma ABLE Tech at 1-800-257-1705 (toll-free).

In the event of a theft of the device(s), component(s) or accessory(ies), I will report the theft to the local law enforcement agency and provide a copy of that report to Oklahoma ABLE Tech.

I shall not pledge, assign, transfer, or otherwise give any interest in and to the device(s), component(s), and accessory(ies) to any third party not listed on the loan request form.

I understand it is illegal to copy or distribute any proprietary software or hardware loaned through Oklahoma ABLE Tech. Upon completion of the loan, if I have installed such software on my computer, I shall remove said software.

In the sole discretion of Oklahoma ABLE Tech, my ability to further participate in any such programs or grants or loans from the Oklahoma ABLE Tech and all of its related programs may be suspended for a period of time or indefinitely for failure to abide by the Loan Request Form and all of its obligations.

Signature Agreement: Type (or sign) your name in the box below. By signing and sending this application you accept the terms (above). *

If you have questions, please contact Shelby Sanders by [email](mailto:shelby.sanders@okstate.edu) (shelby.sanders@okstate.edu) or phone (405-744-7606)

Email this completed form to Shelby's email above OR mail to:
Shelby Sanders
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Stillwater, OK 74078