

Date Due: _____

Customer ID (office use) _____



EQUIPMENT AND DEVICE LOAN REQUEST FORM

PERSON REQUESTING THE EQUIPMENT

Name: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Name of Agency: _____ Fax Number: _____

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

City/State/Zip: _____ County: _____

Email: _____

DELIVERY OPTION

I prefer to pick up and return the device to Oklahoma ABLE Tech in Stillwater, Oklahoma, rather than having the device shipped.

I prefer Oklahoma ABLE Tech ship the device to me at the address below where someone is available Monday-Friday, 9 AM to 5 PM. Do not use a P.O. Box Number for shipping address - a street reference is necessary. If delivery is at a large facility, please specify department and/or room number.

A return shipping label will be provided **free** of charge.

This is a residential address This is a business address

Use address above to ship devices Use different address:

Name: _____ Phone Number: _____

Organization/Agency: _____ Department: _____

Street Address: _____ Apartment # _____

City/State/Zip: _____

DEVICE REQUESTED

BAR CODE (to be completed by ABLE Tech)

PRIMARY PURPOSE OF EQUIPMENT LOAN (check only one)

Assist in decision making

Waiting for repair or funding on my device

Short-term accommodations

Support / professional outreach

NAME OF PERSON WHO WILL BE USING THE DEVICE

(if different from the person requesting the equipment)

Name: _____

If a Minor, Name of Parent or Guardian: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Street Address: _____ City/State/Zip: _____

I need this device to help me with: _____

THE PERSON BORROWING THE DEVICE IS A(N):

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

WHAT IS THE MAIN AREA OF BENEFIT IN WHICH THE DEVICE(S) WILL BE USED

(check only one please)

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

SUPPORT PERSON (person able to train/assist borrower in using equipment).

Name: _____ Title/Relationship: _____

Phone Number: _____

FEES

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

