Purpose:
The purpose of the Assistive Technology Lab for Blindness and Low Vision (AT Lab) is to offer individual or group exploration of one or more assistive technology devices to assist in decision making regarding device utilization and/or purchase. In addition, the demonstration and evaluation program will help an individual determine which tools are most appropriate, and to determine necessary training.

Policy:
1. The Assistive Technology Lab for Blindness and Low Vision is open Monday through Friday, 8:00 a.m. to 4:00 p.m. (Appointments are scheduled between 9:00 a.m. and 3:00 p.m.). Assistive technology evaluations are scheduled by appointment. (NOTE: If the consumer has traveled a great distance and does not have an appointment, staff will do everything possible to accommodate. However, due to limited staff, if no one is available to do an evaluation and/or demonstration, it will have to be scheduled at a later date).
2. Requests for equipment demonstrations may be made by a person with a disability, a family member, an advocate or service provider (e.g. therapist, teacher, rehabilitation counselor).
3. Not all assistive technology tools that are available for demonstration are available for loan through the AT Lab.
4. If interested in borrowing equipment after the demonstration, please inquire about availability and loan procedures.

Procedures:
Referrals
1. A referral can come from any source, including self-referral.
2. Individuals of any age are eligible for referral.
3. DRS consumers can be referred to the AT Lab by their Rehabilitation Counselor, Rehabilitation Teacher, family member or professional who works with the consumer.
4. DRS referrals require a completed DRS-C-017 (Special Services Referral) to be forwarded to the Coordinator of Assistive Technology or AT Lab Technician. (See heading for phone and fax numbers).
5. Most of the tools in the laboratory are designed for persons who are blind or who have low vision. However, it should be noted that many of these tools are appropriate for individuals who do NOT have vision problems, but have dyslexia, learning disabilities, and etc.

Appointments
Set an appointment by calling 405-522-3442, 405-522-3398, or 1-800-845-8476. You may also request an appointment by e-mailing at@drs.state.ok.us for demonstration of the equipment.
1. Upon arrival to the AT Lab, an evaluator will be assigned to work with you. If the appointment is scheduled for a “low vision” evaluation and it is determined that “low vision” is not at all sufficient, it may necessary to re-schedule for a “blind product” evaluation or demonstration.
2. Every person* who visits the AT Lab will log in and receive a customer ID Number. *NOTE: This includes consumers, guests, demonstration groups, teachers, counselors, family members, etc. who come to the lab for professional services. There will be a brief demographic card for those who visit the lab for a simple “quick tour”.
3. Lab personnel will maintain customer information on consumers, including (but not limited to) name, address, phone, e-mail address, etc., AND the demographic data necessary for the grant requirements.
4. Staff will demonstrate appropriate tools that are necessary to meet the consumer’s objectives.

Equipment Loan
1. Prior to loan, the consumer must complete an evaluation of their potential ability to successfully use the equipment. If the consumer is unable to use the assistive technology tools, a referral for training will be made.
2. An agreement will be signed by the borrower. This agreement will be provided to the consumer in his/her preferred format.
3. The consumer agrees to return the borrowed equipment either on or before 30 days from the loan origination date. If the tools are delivered by the lab, the lab will call to set an appointment to pick up the tools. DRS reserve the right to employ any and all means necessary to retrieve equipment not voluntarily returned by the consumer on or before the 30th day of loan.
4. If, in case of an extenuating circumstance, equipment loan extensions can be granted for no more than 12 additional days, and only approved by the Coordinator of Assistive Technology. NOTE: IF ANOTHER CONSUMER IS IN LINE TO BORROW THE EQUIPMENT, NO EXTENSION WILL BE GRANTED.
5. If the equipment loaned is a computer, the consumer will be advised to back up or save their personal files and information on portable disks so as to not lose the files. Once a computer is returned to the AT Lab, it will be reconfigured and original software will be reinstalled. This will insure proper operation of the computer and insure privacy from one consumer to the next.

Training:

Training offered by the AT Lab is to provide familiarity to the adaptive software and assistive technology equipment. It is not to make consumers completely proficient users of assistive technology. Consumers who need more advance training may request one-on-one assistance if required. Training classes will be available to assist clients, contact the lab for more information.

1. Consumers who wish to borrow any type of assistive technology tools must meet a basic level of competency to use the equipment before it is released.
2. Once the evaluation is complete, and the consumer’s ability is determined, if necessary, appropriate training will be scheduled and provided by the Visual Services agency.
3. Training will be scheduled as soon as possible.
4. The ability to successfully use an assistive device dictates what tool(s) will be loaned to the consumer.
5. If the consumer refuses training, and he/she cannot prove sufficient knowledge of equipment operation, the assistive devices will not be loaned to the consumer.

The loan application must be completed and signed. If assistance is needed in completing the loan application, please call 1-800-845-8476, and ask for the Assistive Technology Lab and someone will assist you in completing the form. (See below.)
Assistive Technology Equipment Loan Program
A Program of Oklahoma ABLE Tech
AND
The Oklahoma Department of Rehabilitation Services
Division of Visual Services
Located at the Visual Services Center, Sheppard Mall

NOTE: FOR ASSISTANCE IN COMPLETING THIS FORM OVER THE PHONE, PLEASE CALL 1-800-845-8476 AND ASK FOR THE ASSISTIVE TECHNOLOGY LAB

Equipment Loan Request Form

I. Complete the following for the person requesting the equipment:

Name:______________________________

Daytime Phone Number:____________ Evening Phone Number:____________

Name of Agency:______________________________

Street Address______________________________

City/State/Zip:______________________________ County:________________

Fax:____________ E-Mail:____________ Relationship to Recipient:__________

II. Complete the following for the person who will be USING the equipment (if different from the person requesting the equipment):

Name:______________________________

If Recipient is a Minor, Name of Parent or Guardian:____________________________

Daytime Phone Number:____________ Evening Phone Number:____________

Street Address:______________________________

City/State/Zip:______________________________ County:________________

Would the person using the equipment like to make application for services with the Department of Rehabilitation Services / Division of Visual Services? □ YES □ NO
III. **Complete this section for the person who will be USING the equipment:**

For each of the following, please check only ONE from each category describing the equipment user:

- The user is: □ a person with a disability □ parent/relative □ professional
- User’s age: □ 0-3 □ 4-21 □ 22-64 □ 65 or over
- Disability: □ developmental delay □ health □ learning disability □ mental health □ mobility □ sensory (blind, deaf and speech.)

The user’s race/ethnicity: (optional)
- White
- African-American
- Hispanic
- American Indian
- Asian
- Asian Indian
- Pacific Islander
- Native Hawaiian
- Other (specify) ____________

V. **Primary purpose of equipment loan (Check only one):**

- [ ] Community Living
- [ ] Education
- [ ] Employment
- [ ] Information Tech/Telecommunications

VI. **Support Person:** (person able to train/assist recipient in using equipment). For items indicated as requiring a support person, that person MUST be identified: If you do not know of a person who can help train you or assist you in the use of the equipment, please check “NONE” and we will try to assist in that aspect as well. □ NONE

- Name: ____________________________________________
- Title/Relationship: __________________________________
- Address: __________________________________________
- City: _______________________ State: ____________ Zip: ____________
- Phone Number: ____________________________

VII. **Address for delivery:** where someone is available Monday-Friday, 10 AM to 3 PM. Do not use a P.O. Box Number for shipping address - you must include a street reference. If delivery is at a large facility, you must specify department and/or room number.

- □ Check here if this address is the same as the person requesting the equipment.

- Full Name: ____________________________ Phone Number: ________________
- Organization/Agency: ______________________________________________________
- Department: ______________________________________________________________
- Street Address____________________________ Apartment/Room #_____________
- City/State/Zip: ____________________________________________________________
BORROWER'S RESPONSIBILITY AND LIABILITY

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

I/We shall pay all costs for shipping and return of all device(s), component(s) or accessory (ies) to the Assistive Technology Lab located at the Visual Services Center in Sheppard Mall on or before the due date indicated herein or upon written demand for the same. If you need our help in the delivery, set-up and training on the use of the equipment, please tell us.

In the event that I/we lose the device(s), component(s) or accessory (ies), I/we shall be liable for the current replacement value thereof. Further, I/we shall immediately contact the Assistive Technology Lab at the Visual Services Center, Phone 1-800-845-8476 and report such loss.

In the event of a theft of the device(s), component(s) or accessory (ies), I/we shall not be responsible therefore if I/we immediately report the theft to the local law enforcement agency and provide a copy of that report to the Assistive Technology Lab address listed above.

I/We shall also remit to Assistive Technology Lab at the Visual Services Center any and all insurance proceeds representing the value of any device(s), component(s) or accessory(ies) thereto provided by insurance policies covering my/our residence or its contents, including but not limited to homeowner's or renter's insurance.

In the event that the device(s), component(s) or accessory (ies) thereto malfunction, I/we shall immediately notify lab personnel by calling 1-800-845-8476, and ask for the Assistive Technology Lab, Visual Services Center.

I/We shall be responsible for any and all damages or diminution in value of the device(s), component(s) and accessory (ies) beyond normal wear and tear to be determined in the sole discretion of Assistive Technology Lab at the Visual Services Center.

I/We 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. Assistive Technology Lab at the Visual Services Center shall receive and I/we shall pay and
be responsible for any and all costs associated with return of the device(s), component(s) and accessory (ies), including but not limited to costs and fees of litigation, reasonable attorney's fees and costs, repossession costs and any other costs reasonably incurred by Assistive Technology Lab at the Visual Services Center.

I/We understand it is illegal to copy or distribute any proprietary software or hardware loaned through Assistive Technology Lab. **Any software or hardware that consumers want to install on the equipment must meet approval of the Coordinator of Assistive Technology. In the event that software or hardware is installed without permission and it causes damage to equipment that is on loan, the consumer will be responsible for any and all fees associated with restoring the computer to its original state in which it was loaned.** Upon completion of the loan, if I/we have installed such software on my/our computer, I/we shall remove said software.

______________________________    _________________________
Signature of Borrower             Date

______________________________    _________________________
Signature of Borrower             Date

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless Assistive Technology Lab located at the Visual Services Center in Sheppard Mall, and our partner agency, the Assistive Technology Equipment Loan Program, Oklahoma AbleTech 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 the Assistive Technology Lab located at the Visual Services Center in Sheppard Mall and our partner agency, the Assistive Technology Equipment Loan Program, Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with loan(s) from the Assistive Technology Lab.

______________________________    _________________________
Signature of Borrower             Date
Please forward the completed request/application to:

Assistive Technology Lab  
c/o Visual Services Center  
Sheppard Mall VS #90  
2401 NW 23rd Suite 91  
Oklahoma City OK 73107

Or you may simply call the Assistive Technology Lab at 1-800-845-8476 and ask to speak with a representative of the lab.