

# Application for Assistive Technology (AT) Device Loan

Thank you for submitting your request for Oklahoma ABLE Tech's Device Loan Program. Please allow 3-4 business days for your request to be reviewed for our staff. In the case the device you requested is not available, you will be added to the equipment's waiting list.

Questions? Contact us at 1-800-257-1705 (toll free) or [abletech@okstate.edu](mailto:abletech@okstate.edu).

*\* Indicates a required field.*

## Contact Information (Person Requesting the Device)

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Organization/Agency Name: \_\_\_\_\_

Street Address (no P.O. box)\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ County\*: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### This device was referred by\*:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AIM Center                  | <input type="checkbox"/> Liberty Braille              | <input type="checkbox"/> Local School District  |
| <input type="checkbox"/> OK Dept. of Rehab. Services | <input type="checkbox"/> OK. State Dept. of Education | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Physical Therapist          | <input type="checkbox"/> Speech-Language Pathologist  | <input type="checkbox"/> SoonerStart Provider   |
| <input type="checkbox"/> Other:                      |   |   |

### The person requesting the device is a(n)\*:

- Individual with a disability
- Family member or guardian of an individual with a disability
- Representative of employment
- School personnel or other representative of education
- Representative of community living
- Representative of health, allied health, or rehabilitation
- Representative of technology

### This device will benefit the person using the device in the following setting(s)\*:

- Education
- Employment
- Community living
- IT access/telecommunications

Please provide the following **only** if the person using the device is different from the person requesting the device. **Do not** name a minor.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address (no P.O. box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



## Shipping Information

### Check the preferred method of delivery\*:

- Pick up and return the device to Oklahoma ABLE Tech in Stillwater, OK.
- Ship the device to my address; someone is available Mon-Fri, 9:00 am to 5:00 pm.  
**DO NOT use a P.O. Box number for the shipping address. A street reference is necessary. If delivery is to a facility with multiple rooms, please specify a department name and/or room number. A return shipping label will be provided free of charge.**

### Please specify a shipping address\*:

- Use the address from the first page
- Use the address below

### If you chose "Use the address below," where would you like the device shipped?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization/Agency Name: \_\_\_\_\_

Street Address (no P.O. box): \_\_\_\_\_

Department name or room number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If this person is unavailable, please provide an alternate contact name, phone number, and email\*:

\_\_\_\_\_

### Is this address residential or business\*?

- Residential
- Business

## Requested Device

- Device Request (first choice)\*:
- Device Request (second choice):
- Device Request (third choice):

### What is the primary purpose of this loan? Select one (1)\*.

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

### This device is for a person who is\*:

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

## Fees

At this time, there are no rental fees that must be paid to borrow equipment from Oklahoma ABLE Tech. However, late fees may be charged for any device not returned by the agreed-upon due date. **Late fees may be charged at a rate of \$25 per week.** Failure to return a device by the due date will may 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, 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 Oklahoma ABLE Tech and any and all employees, agents, 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), or 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 Oklahoma ABLE Tech and all of its related programs may be suspended for a period of time or indefinitely for failure to abide by this Application for Assistive Technology Device Loan and all of its obligations.

### **Signature Agreement**

Sign your name on the line below. By signing and returning this application, you accept the terms as outlined in this application.

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If you have questions about this application, please contact Shelby Sanders, Assistive Technology Specialist, at 405-744-7606 or [shelby.sanders@okstate.edu](mailto:shelby.sanders@okstate.edu).

**Please submit your completed, printed application to the mailing address or fax number below:**

[www.okabletech.org](http://www.okabletech.org)

**Oklahoma ABLE Tech Device Loan Program**

**1514 W. Hall of Fame**

**Stillwater, OK 74078**

**Phone: 800-257-1705 • Fax: 405-744-2487 • Email: [abletech@okstate.edu](mailto:abletech@okstate.edu)**

An accessible web version of this application is available online at: <https://www.okabletech.org/core-programs/device-loan-program/>