



## Assistive Technology (AT) Device Loan Program DEVICE LOAN AGREEMENT

The purpose of the NMTAP Device Loan Program is to provide individuals with disabilities and/or family members, guardians, service providers, therapists, and employers the opportunity to borrow AT devices on a **short-term (up to 6 weeks or 42 days)** basis. Device loans help to identify the most appropriate AT solution. The program can also assist by providing a temporary replacement device to an individual whose device is being repaired or ordered. Devices are loaned statewide via pick up or FedEx. Borrowed items **must be returned** at the end of the loan period or they will be reported as stolen.

Please **PRINT CLEARLY** and fill in all information completely on this application.

**REQUEST DATE:** \_\_\_\_\_ **RETURN DATE:** \_\_\_\_\_

**BORROWER NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** NM **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **WORK/CELL #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SECONDARY CONTACT NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **WORK/CELL #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AT TO BE USED IN WHICH LIFE AREA? (*Check ONE only*):**

School	Work	Community

**WHICH CATEGORY BEST DESCRIBES YOU, THE BORROWER? (*Check ONE only*):**

School	Job	DDW/CC/Healthcare	Community Rep	Ind. w/ Disability	Family / Legal Rep	Tech Rep

**Reason for using this program (*Check ONE only*):**

- AT only available through NMTAP program  
 Other programs too complex/wait is too long  
 Other  
 \_\_\_\_\_

**Purpose of Loan (*Check ONE only*):**

- Assist in decision making (device trial)  
 Provide short-term accommodation  
 Serve as loaner during repairs  
 Training / professional activity

**NM Technology Assistance Program / Governor's Commission on Disability**  
 625 Silver Ave. SW, Suite 100B, Albuquerque, NM 87102 / Phone: 505-841-4464 / Fax 505-841-4467

[mauricec.alvarez@gcd.nm.gov](mailto:mauricec.alvarez@gcd.nm.gov) -- <http://www.tap.qcd.nm.gov>



## DEVICE LOAN AGREEMENT

Please initial the following boxes to confirm you have read and understand the following statements.

- Borrowers must confirm upon receipt that all items loaned are included as listed on Page 3. A copy of this signed agreement is included when AT equipment is picked up or shipped and shall be kept with the AT until returned. The original form is kept at NMTAP.
- Borrowers must care for the AT by using it appropriately, keeping it safe, and intact at all times. No eating / drinking on or around the equipment, please.
- Borrowers may be held responsible for the loss or damage of the borrowed AT equipment due to misuse, abuse, or neglect while the equipment is in the Borrower's possession.
- If the AT breaks, malfunctions, or is stolen the borrower is obligated to immediately contact NMTAP at 505-841-4464. If the AT is stolen, The borrower is required to file a police report & send a copy to NMTAP.
- Borrowers are responsible to return all parts of the AT by either dropping it off or returning it in the FedEx box it was received in. **When returning the AT, you are required to enter your decision if it met your needs and your satisfaction with program services on Page 3 of this loan agreement.**
- All equipment items must be returned at the agreed upon date listed on Page 1. If it is not, it will be reported as stolen to the Borrower's local police department, as the equipment belongs to NMTAP.
- Borrower agrees to follow copyright laws of all applications and software downloaded on AT devices.
- Failure to comply with the above listed responsibilities will result in loss of future access to the Device Loan Program, in addition to applicable purchase of replacement equipment.
- I agree to the release of information regarding disability and circumstances related to successful use of AT equipment for this device loan. All information will be kept confidential and only shared with individuals or agencies with my permission. Note here who is authorized to work with NMTAP:**

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**My signature confirms I take full responsibility for the borrowed AT and agree to abide by all statements above:**

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BORROWER (self, professional, parent, legal guardian or representative)

DATE

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NMTAP STAFF MEMBER

DATE

NM Technology Assistance Program / Governor's Commission on Disability  
625 Silver Ave. SW, Suite 100B, Albuquerque, NM 87102 / Phone: 505-841-4464 / Fax 505-841-4467

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# DEVICE LOAN AGREEMENT

The AT Equipment borrowed, including Inventory # and description with all parts included, is listed below.

NMTAP staff can provide detailed device specifications, possible places to purchase the AT that met your needs, and potential funding assistance that may be available.

**Considerations for purchasing the AT** can be provided in an email, list, or format that works best for you, and may include additional items we did not have for loan but were reviewed to improve function for your situation.

<i>List of AT Equipment borrowed</i>			<i>Fill in column below with return of AT</i>
Inv. #	AT Equipment description with all parts, attachments, and applications included	Miscellaneous notes (ex: info about the AT loaned, feedback on effectiveness of AT, or other points to share)	Decision on if AT meets your needs (circle one)
			YES    NO NOT DECIDED
			YES    NO NOT DECIDED
			YES    NO NOT DECIDED
			YES    NO NOT DECIDED
			YES    NO NOT DECIDED
			YES    NO NOT DECIDED
			YES    NO NOT DECIDED

All **Professional Borrowers** using equipment with more than one individual, please complete a separate decision and satisfaction rating for each person and note the name(s) here: \_\_\_\_\_

**SATISFACTION RELATED TO NMTAP STAFF AND SERVICES WHEN AT IS RETURNED:**

Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied

