

Assistive Technology for Kansans (ATK) Device Loan System Application

SECTION ONE: Borrower Information

Name: _____ Date of Birth: _____

Parent/Guardian if recipient is a minor: _____

Daytime Phone: _____ Alternate Phone: _____

Street Address: _____

City: _____, KS Zip code: _____

Email: _____ Text Number: _____

Person Requesting the Information, if other than the Borrower:

Name: _____

Parent/Guardian if recipient is a minor: _____

Daytime Phone: _____ Alternate Phone: _____

Street Address: _____

City: _____, KS Zip code: _____

Email: _____ Text Number: _____

Borrower is (check one):

Person with Disability

Family Member/Authorized Representative

Employer

Educator/Student

Health/Rehab Provider

Community Living Provider

Reason for borrowing a device:

Decision-making to see if the device is right for your needs

Short-term accommodation

Loaner while device is being repaired or is being funded.

Professional development

If the borrower is a person with a disability, is the device being used at:

School/Educational Setting

Work

Home/Community

SECTION 2: Equipment Requested

Name of item(s)*:

1. _____

2. _____

3. _____

4. _____

- Positioning, mobility, and seating equipment require completion of a Professional Consultation Form (form obtained at <http://atk.ku.edu/learn-about#borrow>) by a physical therapist, occupational therapist, or other mobility specialist. Submit with this completed application.

Section 3: Delivery Information

Please note that some devices may require pick-up at your regional AT Access Site depending on their size, weight, or complexity.

Name: _____

Phone Number: _____ Email: _____

Address, line 1: _____

Address, line 2: _____

City: _____, Kansas Zip code: _____

SECTION 4: Borrower's Responsibility and Liability

I understand that I am responsible for proper handling and use of all borrowed devices. I agree to not misuse a device. I am responsible for returning all devices and components to the ATK Device Loan System in a timely manner. In the case of loss of or damage to a device or components, I may be held financially liable. In the event of loss, I will contact the ATK Device Loan System or my regional AT Access Site. I agree to hold harmless Assistive Technology for Kansans, University of Kansas Life Span Institute, and OCCK harmless for damage to property or to myself or others due to use of borrowed devices.

Name (printed): _____

Signature: _____ Date _____

Submit Your Completed Application:

Return your completed, signed application to the Assistive Technology for Kansans Device Loan System.

Email: cramon@occk.com

Fax: 785-289-9862

Mail: ATK Device Loan System
OCCK – Solution Outreach Center
PO Box 1160
Salina, KS 67401

If you have any questions, please call the ATK Device Loan System (800-526-9731) or your regional AT Access Site (800-526-3648).

Thank you for using the ATK Device Loan System. Please tell someone about us!