



G.R.E.A.T  
POSSIBILITIES

# Louisiana Assistive Technology Access Network Device Loan Program DEVICE LOAN REQUEST FORM

In order to ensure an accurate processing of your application  
**PLEASE PRINT LEGIBLY.**

**Date** \_\_\_\_\_

**SECTION 1. Borrowing information:**

**About the Recipient (person who will be using the equipment):**

Name \_\_\_\_\_

If Recipient is a minor, name of parent/guardian: \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ Parish \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

The **Recipient** is (CHECK ONE):  Person w/disability  Family/Authorized Rep.  
 Employer/Employment service  Educator/School/University/Student  
 Health, allied health, rehabilitation provider  
 Community Living Provider/Community Organization  Other \_\_\_\_\_

First time borrowing a device?  Yes  No

Equipment Requested:

Inventory Code	Name of Item
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

\*\*\*CHECK boxes above for items required at the same time. Up to 3 devices can be borrowed at a time, depending on availability.\*\*\*

**Reason for borrowing (Check all that apply):**

- Device trial or evaluation (to find out what kind of device / if a device can help)
- Accommodation (to use in work setting or during a public event)
- Served as loaner during device repair or while waiting for funding
- Other (specify) \_\_\_\_\_

**If the Recipient is a person with a disability, the assistive technology device will help them with their needs for (check ONLY ONE):**

- Education
- IT/communications
- Daily Living
- Employment

**SECTION 2. Others involved in device use or selection:**

**Support Person** (person who will train/assist Recipient in using equipment).  
**For items indicated as requiring a support person, you MUST identify a support person before your request can be processed:**

Name/Relationship \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Person requesting the equipment, if other than Recipient:**

Name \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Name of agency \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ Parish \_\_\_\_\_

e-mail \_\_\_\_\_ Relationship to recipient \_\_\_\_\_

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**SECTION 3. Shipping Information:**

**Address for DELIVERY where someone is available to sign for a delivery, Monday-Friday, 9 AM to 5 PM. Please use a street address only – no PO Boxes. If delivery is to a large facility you must specify department, floor and/or office or room number.**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Department \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Address for PICK-UP, if different from delivery address – follow guidelines above. If there are any changes, you must notify us before the devices are scheduled to be picked up.**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Department \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

#### **SECTION 4. Borrower's Responsibility and Liability Statements**

**Please read and sign BOTH the "Borrower's Responsibility and Liability" and the "Release of Liability".**

**The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.**

**Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.**

⇒ **What is the replacement value of the device(s) you are borrowing?**

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#### **SECTION 5. What do I do next?**

**Return your completed, signed request form; the "Borrowers Responsibility and Liability"; and the "Release of Liability", along with your payment of loan costs to LATAN in person, or by mail.**

#### **LATAN Baton Rouge**

**Address: 3042 Old Forge Dr, Suite D  
Baton Rouge, LA 70808**

**Telephone: 225-925-9500  
Toll free number: 1-800-270-6185  
Fax: 225-925-9560**

#### **LATAN Shreveport**

**Address: 820 Jordan St, Suite 120  
Shreveport, LA 71101**

**Telephone: 318-841-1548  
Fax: 318-226-4803**

**Final Checklist:**

- If the Recipient is a person with a disability, did you complete all of the information in Section 1?**
  
- In Section 3, did you provide a specific address, including department, floor, and room or office number if the delivery and/or pick up address is to a large facility?**
  
- Did you fill in the replacement value of the device you want to borrow in the space provided in Section 4? If you need help, contact your regional LATAN office.**
  - Did you sign the request form in both places in Section 4?**
  - Did you read, complete and sign all three documents (These are the Request for Loan, Borrower's Responsibility and Liability and the Release of Liability.**
  - Did you include your payment?**

**Thank you for using the LATAN Device Loan Program  
Please tell someone about us!**