



New Mexico Technology Assistance Program  
Device Loan Paperwork  
**INFORMATION & GUIDELINES FOR DEVICE LOANS**

7.5.18

New Mexico Technology Assistance Program (NMTAP) is a program under the Governor's Commission on Disability. Loans of any devices serve as a trial of equipment prior to purchasing, a temporary replacement of a device in repair or a short term accommodation allowing independent completion of activities in daily school, work &/or home life. Devices are loaned to anyone with any disability statewide and it is important that the person is working with a professional or qualified person to assist in use of any loaned equipment.

**Loans of equipment from the Device Loan Program are made on a first come, first served basis for a period of 30 days.** Borrowed items must be returned at the end of the loan period, unless prior arrangements have been made to extend the loan for a longer period.

NMTAP ensures that all loaned devices are fully functional at the time of the loan and that all peripherals are enclosed. We provide requested equipment, if available, to the school, agency or client within 5-10 business days of receipt of the completed application/loan agreement. If a device is not immediately available, the individual(s) will be placed on a waiting list for the next available device. We maintain an inventory of devices to meet a wide array of needs. We will be responsive to questions, concerns and needs that are related to the program and assistive technology statewide.

A person who is the **Borrower** must accept full responsibility for any loaned equipment. The **Borrower** may be a professional (i.e.: therapist, counselor, teacher, service provider or qualified AT specialist) assisting the **User** (person with a disability) *OR* the **Borrower** may also be the **User** (the person with a disability). If a professional is requesting a device loan to try with more than one User, please complete an Evaluation sheet for each individual User.

We require an evaluation of the equipment loaned so that we can better serve persons with any disability statewide. **Please follow the directions below to access the Device Loan Program:**

**NMTAP MUST BE PROVIDED all of these via mailing address, email or fax as noted below:**

- Completed and Signed Application/Release of Information form by the Borrower of equipment
- Completed and Signed Loan Agreement (Page 1) / Borrower Rules & Obligations (Page 2)
- Documentation of prior evaluation indicating specific equipment is preferred, including:
  - An Individualized Plan of Employment (IPE) if working with DVR, current Individual Service Plan (ISP) if a DD Waiver or Centennial Care client, or a current Individual Education Plan (IEP) if working the a NM school system
  - A current independent AT evaluation by a qualified professional if a person with a disability not involved in the above services
- Contact information for any qualified Borrower assisting the User(s) of equipment:
  - DVR client must be working with a DVR Counselor, students must have Teachers &/or Therapists involved, DD Waiver clients must have Case Manager &/or Therapists involved and others with disabilities should have a qualified professional involved

**NM Technology Assistance Program / Governor's Commission on Disability**

**625 Silver Ave. SW, Suite 100B, Albuquerque, NM 87102**

**Fax 505-841-4467**

**Tracy. Agiovlasis@state.nm.us**



***For more information or questions: 505-841-4464 / Toll Free (in NM only) 1-877-696-1470***

**<http://www.tap.gcd.state.nm.us>**



New Mexico Technology Assistance Program  
Device Loan Paperwork  
**APPLICATION / RELEASE OF INFORMATION FORM**

7.5.18

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

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

DISABILITIES: \_\_\_\_\_

ASSISTIVE TECHNOLOGY REQUESTED: \_\_\_\_\_

What will this device/software allow you to do as it pertains to your disability? \_\_\_\_\_

\_\_\_\_\_

What do you need the equipment for (please check primary need)?

EDUCATION  EMPLOYMENT  COMMUNITY LIVING

***This application will also serve as a release of information form to document your disability.***

I hereby authorize (name of therapist, agency, school, etc.) \_\_\_\_\_  
to release records pertaining to my disability and evaluation of AT needs to:

**NMTAP: 625 Silver Ave. SW, Albuquerque, NM 87102 or Fax 505-841-4467 or Email**

This release covers the following:  School ISP  DVR IPE  DD Waiver ISP  
 AT/Ergonomic Evaluation  Therapist Evaluation (i.e.: SLP, ST, other appropriate)

I understand that the information will only be used for my participation with the NMTAP program and that NMTAP staff and contractors, who provide services to the program, may review this information. The records will be kept confidential and will not be released to any other individual or agency without my fully expressed and written permission. This release is good for one year from the date signed.

**Signature:** \_\_\_\_\_

**(Self, parent, legal guardian, or legal representative for release of information)**

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**New Mexico Technology Assistance Program  
Device Loan Program – Agreement (Page 1)  
LOAN AGREEMENT**

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Devices are loaned for a 30 day period for use with a person/persons with any disability. The Borrower &/or any User(s) must fully complete both pages of this agreement. Signature(s) required.

**Please PRINT CLEARLY when completing this agreement.**

Date loaned: \_\_\_\_\_ Date to be returned: \_\_\_\_\_

Borrower/User Name: \_\_\_\_\_

Contact for responsible Borrower if different from User of equipment listed previously (required):

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Submit one evaluation for the person noted above or multiple evaluations if used with more individuals.

Inventory #	Equipment description	# cords/other items	Notes (partial returns, problems, extensions etc)

*Some circumstances can allow for a loan extension - contact NMTAP staff to discuss the options.  
Program Manager evaluates and approves loan extensions on a case by case basis.*

**Reason for using this program (Please check one)**

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

**Purpose of Loan (Please check one)**

- \_\_\_\_\_ assist in decision making (device trial)
- \_\_\_\_\_ provide short-term accommodation
- \_\_\_\_\_ serve as loaner during repairs
- \_\_\_\_\_ training / professional activity

Date	NMTAP STAFF USE ONLY	Staff Initial
	<b>Demonstration of Devices</b>	
	<b>Individual Training on Device</b>	
	<b>Group Training (List Names)</b>	

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New Mexico Technology Assistance Program  
 Device Loan Program – Agreement (**Page 2**)  
**BORROWER RULES & OBLIGATIONS**

7.5.18

**Borrower assumes full responsibility of the equipment listed on front** and will abide by these rules and obligations. Also any User of the equipment must also follow the rules if not primary borrower:

1. Borrowers must confirm upon receipt that all items loaned are included as listed on Page 1. A copy of this signed agreement & application is included when equipment is picked up or shipped and shall be kept with the Borrower(s) until all items returned. The original documents are kept at NMTAP.
2. Borrowers must care for the equipment appropriately, keep it safe at all times and use it in non-smoking environments only. No eating / drinking on or around the equipment as applicable.
3. Borrowers must contact the Device Loan Program at 505-841-4464 if any of the following occur:
  - a. Components listed on the enclosed loan agreement are missing upon receipt
  - b. Device is stolen *\*\* Local police must be contacted, a police report filed & a copy sent to NMTAP.*
  - c. An equipment breakage or malfunction occurs during the loan
4. Borrowers must complete an evaluation form when returning the equipment. If the form originally provided with equipment is misplaced, contact NMTAP prior so one can be obtained and included.
5. Borrowers are responsible for returning all devices & peripheral items loaned, along with a completed evaluation sheet found in the loan agreement copy that lists items borrowed. Drop off of equipment at any NMTAP location or return in the FedEx box it was received in, using the the provided FedEx ground-shipping return label. Please contact us at 505-841-4464 for any questions.
6. Borrowers may be held responsible for loss of equipment or damage to the loaned equipment due to misuse, abuse, or neglect while the equipment is on loan and in the Borrower's possession.
7. It is illegal to copy or distribute any software on loaned device through the device loan program.
8. **Failure to comply with the above listed responsibilities may result in loss of future access to the Device Loan Program, in addition to applicable financial liability.**

**Please sign and return to the NMTAP Device Loan Program.**

**Signature of all responsible parties here signifies you have read and understand the above:**

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BORROWER (Teacher/Therapist/Case Mgr./ Counselor/Parent/Guardian, etc.) DATE

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USER of EQUIPMENT DATE

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NMTAP STAFF MEMBER DATE

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**New Mexico Technology Assistance Program  
Device Loan Program  
EVALUATION OF EQUIPMENT BORROWED**

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

BORROWER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

USER NAME: \_\_\_\_\_ LENGTH OF LOAN: \_\_\_\_\_  
*(If Borrower used equipment with more than one User, please complete evaluation form for each User)*

BEST CONTACT FOR QUESTIONS *(phone, email)*: \_\_\_\_\_

SATISFACTION WITH NMTAP STAFF AND RESPONSE TO NEEDS RELATED TO DEVICE LOANS:

Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied <i>( and note reason please)</i>

**LIFE AREA EQUIPMENT WAS UTILIZED/TESTED:**  
*(even if used in more than one area, check the current primary purpose here)*

Education	Employment	Community Living

BORROWER REPRESENTATIVE FROM WHAT AREA *(check one)*:

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

**TYPE DEVICES USED AND EFFECTIVENESS:**

Name of Device	Will or did meet needs	Will or did purchase	Additional Notes	Satisfaction: check ONE only for each			
				Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied

I understand that this information is for program evaluation, improvement and grant reporting only. Any personal information will be kept confidential and data is used only for statistics.

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