



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

Form updated
3/2/22

New Mexico Technology Assistance Program (NMTAP) is a program under the Governor's Commission on Disability. Loans of any assistive technology (AT) devices serve as a trial of equipment prior to purchasing one but can be a temporary replacement of a device in repair or a short-term accommodation allowing independent completion of activities in education, employment &/or community engagement. Devices are loaned for use by an individual with any disability statewide and is best if the person is working with a professional or qualified person to assist in use of the AT.

Loans of equipment from the Device Loan Program are made on a first come, first served basis for a period of 6 weeks (42 days). Borrowed items must be returned at the end of the loan period or they will be reported as stolen.

Here are some important points in this short-term loan program:

- Professionals, therapists, educators, counselors, family members or responsible individuals with disabilities may borrow devices to "try one before you buy one".
- Items may be requested on paper, by email or at our on-line device loan portal.
- Once requested, a staff member will contact the person to discuss the AT options.
- NMTAP ensures that all loaned AT devices are fully functional at the time of the loan and will include power cords or needed attachments.
- We provide requested equipment, if available, within 5-10 business days of receipt of the completed loan agreement. In person pick up is preferred to review use of the device, but not required especially for those not located near an NMTAP location.
- If a device is not available, the request will be placed on a waiting list & provided asap. Return of devices by the 6 weeks or before allows for use by all those in need.
- The borrower is fully responsible for the equipment, including careful use and safe return with power cords and attachments. * *See Borrowers Rules and Obligations*
- A secondary contact is required for communication while the AT is on loan.
- We will check on the device during the loan period and help as needed.
- It is imperative that communication with staff is maintained during the loan period.
- We can help find possible funding options to purchase one after the loan period.
- An evaluation of the equipment is required at the end of the loan period.
- If the device is not returned at the end of the loan period, it will be reported as stolen.

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
julianne.lajeunesse@state.nm.us -- <http://www.tap.qcd.state.nm.us>





New Mexico Technology Assistance Program
DEVICE LOAN AGREEMENT
BORROWER RULES & OBLIGATIONS

Form updated
3/2/22

Your signature on the Device Loan Agreement/Equipment Details page confirms you accept full responsibility of the equipment loaned to you, have read, fully understand, and will abide by these rules and obligations.

1. Borrowers must confirm upon receipt that all items loaned are included as listed in the Agreement. A copy of the signed agreement & rules is included when equipment is picked up or shipped and shall be kept with the items until returned. The original documents are kept at NMTAP.
2. Borrowers must care for the equipment appropriately, always keep it safe, all together and use it in non-smoking environments only. No eating / drinking on or around the equipment as applicable.
3. It is imperative that communication with staff is maintained during the loan period.
4. 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.
5. 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 completed.
6. Borrowers are responsible for returning all devices, power cords and any attached items loaned, along with a completed evaluation sheet provided to you with the items borrowed. Drop off equipment at any NMTAP location or return in the FedEx box it was received in, using the provided FedEx ground-shipping return label. Please contact us at 505-841-4464 for any questions.
7. 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.
8. It is illegal to copy or distribute any software on loaned device through the device loan program.
9. All equipment items must be returned at the end of 6 weeks or before or it will be reported as stolen.
10. **Failure to comply with the above listed responsibilities will result in loss of future access to the Device Loan Program, in addition to applicable financial liability.**

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New Mexico Technology Assistance Program
DEVICE LOAN AGREEMENT – Page 1
Request / Release of Information

Form updated
5/2/22

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

BORROWER NAME: _____ **DOB:** _____

ADDRESS: _____

CITY: _____ **STATE:** NM **ZIP:** _____

PHONE#: _____ **WORK/CELL #:** _____

EMAIL: _____

SECOND CONTACT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** NM **ZIP:** _____

PHONE#: _____ **WORK/CELL #:** _____

EMAIL: _____

Regarding the borrower and the Assistive Technology needs: **REQUEST DATE:** _____

DISABILITIES: _____

ASSISTIVE TECHNOLOGY REQUESTED: _____

How will this device/software assist you as it pertains to your disability? _____

Equipment needed for (check ONE primary need) ☐ EDUCATION ☐ EMPLOYMENT ☐ COMMUNITY

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

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New Mexico Technology Assistance Program
DEVICE LOAN AGREEMENT – Page 2
Equipment Details

Form updated
5/2/22

Date loaned: _____ **Date to be returned:** _____

Signature required for AT Devices loaned as noted below for a no more than **6 weeks** (42-day period):

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

My signature below confirms:

- **I have read and understand the NMTAP Device Loan Program, agree to the Borrowers Rules and Regulations for borrowing the above items for 6 weeks (42 days) and will return all items including cords and need attachments within the time and in good condition.**
- ***Authorizes Release of Information as needed to document disability and provide pertinent information that will enhance the utilization of AT borrowed.*** Any disability authorized information will only be used for my participation with the NMTAP program and will be kept confidential and will not be released to any other individual or agency without my permission. This release is good for one year from the date of this request, noted by signature below.

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

NMTAP STAFF MEMBER **DATE**

Name of authorized person for additional information: _____

Contact information (email/phone): _____

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New Mexico Technology Assistance Program
DEVICE LOAN EVALUATION
Evaluation of Equipment Borrowed

Form update
3/2/22

Please **PRINT CLEARLY**, fill in all information completely on this evaluation and return with AT returned.

BORROWER NAME: _____ **DATE RETURNED:** _____

(If a professional borrower used equipment with more than one individual, please complete a separate evaluation form for each person and note that name here: _____)

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

Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied (and note reason please)

LIFE AREA EQUIPMENT WAS UTILIZED/TESTED:
*(Check **only ONE current primary** purpose here, even if you will use in more than one area later)*

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 or Inventory # of Device	This WILL meet my needs	This will NOT meet my needs	No decision currently	Additional Notes

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

List any other equipment you would be interested in trying: _____

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