



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](mailto: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.**

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





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

**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](mailto:julianne.lajeunesse@state.nm.us) -- <http://www.tap.qcd.state.nm.us>







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 <b>WILL</b> meet my needs	This will <b>NOT</b> 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: \_\_\_\_\_

**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](mailto:julianne.lajeunesse@state.nm.us) -- <http://www.tap.gcd.state.nm.us>

