



**Easter Seals
Crossroads**

**Assistive Technology Reutilization
Application and Agreement (Master)
The INDATA Project**

Easter Seals Crossroads
4740 Kingsway Drive, Indianapolis, IN 46205
317-899-7389 / Fax: 317-466-2000 / tech@eastersealscrossroads.org

Participant Information

Parent/Guardian Information
(if requesting equipment on behalf of a minor)

Name:	Name:
Address:	Address:
City: St: ZIP:	City: St: ZIP:
Phone: () -	Phone: () -
Alt. Phone: () -	Alt. Phone: () -
Email:	Email:
Age:	
<p>General disability type:</p> <p><input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Learning, Cognitive, Developmental <input type="checkbox"/> Mobility <input type="checkbox"/> Other _____</p>	<p>Intended use of AT:</p> <p><input type="checkbox"/> Daily Living <input type="checkbox"/> Computers and CCTV <input type="checkbox"/> Recreation, sports, leisure</p>
<p>Required Documentation <i>(Applications will not be processed without documentation of disability.)</i></p> <p><input type="checkbox"/> Documentation of disability is attached (Letter from physician, nurse, case worker or other certifying official) <i>In order to receive equipment individuals must:</i></p> <ol style="list-style-type: none"> 1. Reside in Indiana 2. Have a documented disability 3. Have no other readily-available funding source 	

Item(s) requested: *Please understand that your requests will be considered based upon equipment availability. Some items are not available at all times. If an equipment substitution is necessary you will be contacted.*

Computers:

- Desktop computer system
- Notebook computer system
- Microsoft Office software
- Window-Eyes screen reader

Medical Equipment:

- Vision device
- Communication device

How will you use this equipment?

Where will you use this equipment?

How will you obtain training in the use of this equipment?

What funding source(s) (if any) have you approached for this type of equipment?

How did you hear about the INDATA Reuse Program?

Agreement:

I enter into this agreement with Easter Seals Crossroads with the understanding that I am receiving used equipment at reduced or no charge. Easter Seals Crossroads makes no guarantee or warrantee regarding the usability of this equipment. I release Easter Seals Crossroads from any liability resulting from the use of this equipment. I am responsible for any required training, support or other service needed related to the use of this equipment. When I no longer need this equipment, I will return it to Easter Seals Crossroads.

I further hereby verify that all the information in this document is complete and accurate to my knowledge. I further understand that, should I be approved for participation in this program, I will be required to sign a release of liability for each item I may receive from this program.

Recipient's signature:

Date: _____

INDATA Approval:

Date: _____

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For office use only: ID Number: _____

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