



**indata project**

**Assistive Technology Reutilization  
Application and Agreement (Master)**

**The INDATA Project**

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

**Participant Information**

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

|  |      |  |  |
|--|------|--|--|
| Name:  |      | Name:  |  |
| Address:   |      | Address:   |  |
| City:  |      | City:  |  |
| St:  | ZIP: | County:  |  |
| Phone: (    )       -  |      | Phone: (    )       -  |  |
| Alt. Phone: (    )       -   |      | Alt. Phone: (    )       -   |  |
| Email:   |      | Email:   |  |
| Age:   |      |  |  |
| <b>General disability type:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Vision</li> <li><input type="radio"/> Hearing</li> <li><input type="radio"/> Speech</li> <li><input type="radio"/> Learning, Cognitive, Developmental</li> <li><input type="radio"/> Mobility</li> <li><input type="radio"/> Other _____</li> </ul> |      | <b>Intended use of AT:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Daily Living</li> <li><input type="radio"/> Computers and CCTV</li> <li><input type="radio"/> Recreation, sports, leisure</li> <li><input type="radio"/> Employment</li> </ul>   |  |
| <b>Race/Ethnicity:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Afro-American</li> <li><input type="radio"/> American-Indian</li> <li><input type="radio"/> Asian</li> <li><input type="radio"/> Caucasian</li> <li><input type="radio"/> Hispanic</li> <li><input type="radio"/> Pacific Islander</li> </ul>                |      | <b>Household Annual Income:</b> <ul style="list-style-type: none"> <li><input type="radio"/> \$0 - \$10,000</li> <li><input type="radio"/> \$10,000 - \$20,000</li> <li><input type="radio"/> \$20,000 - \$30,000</li> <li><input type="radio"/> \$30,000 - \$40,000</li> <li><input type="radio"/> \$40,000 - \$50,000</li> <li><input type="radio"/> Other: _____</li> </ul> |  |

|   |  |
|---|--|
| <p><b>Item(s) requested:</b> <i>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.</i></p>  |  |
| <p><b>Computers:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Desktop computer system</li> <li><input type="checkbox"/> Laptop computer system</li> <li><input type="checkbox"/> Microsoft Office software</li> <li><input type="checkbox"/> Tablet</li> </ul> | <p><b>Medical Equipment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vision device</li> <li><input type="checkbox"/> Communication device</li> </ul> |
| 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?  |  |

**Required Documentation**

***(Applications will not be processed without documentation of disability.)***

**Documentation of disability is attached**

(Letter from physician, nurse, case worker or other certifying official)

*In order to receive equipment individuals must:*

- |                                 |   |
|---------------------------------|---|
| 1. Reside in Indiana            | 3. Have no other readily-available funding source |
| 2. Have a documented disability |   |

**Agreement:**

I enter into this agreement with Easterseals Crossroads with the understanding that I am receiving used equipment at reduced or no charge. Easterseals Crossroads makes no guarantee or warrantee regarding the usability of this equipment. I release Easterseals 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 Easterseals 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: \_\_\_\_\_

rev 06192019

|  |
|--|
| For office use only:<br>ID Number: _____ |
|--|

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