



**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 / depot@eastersealscrossroads.org

Participant Information

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

Participant Name:	Parent/Guardian Name:
Participant Address:	Parent/Guardian Address:
Participant City: Participant St: Participant ZIP:	Parent/Guardian City: Parent/Guardian St: Parent/Guardian ZIP:
Participant Phone:	Parent/Guardian Phone:
Participant Alt. Phone:	Parent/Guardian Alt. Phone:
Participant Email:	Parent/Guardian Email:
Participant Age:	
General disability type: <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 _____	Intended use of AT: <input type="checkbox"/> Daily Living <input type="checkbox"/> Computers and CCTV <input type="checkbox"/> Recreation, sports, leisure
Required Documentation <i>(Applications will not be processed without documentation of disability.)</i> <input type="checkbox"/> Documentation of disability is attached (Letter from physician, nurse, case worker or another certifying official) <i>To receive equipment individuals must:</i> 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 always available. 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 Easterseals Crossroads with the understanding that I am receiving used equipment at reduced or no charge. Easterseals Crossroads makes no guarantee or warranty 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 09102022

For office use only: ID Number: _____
--

----- end of document-----