



Equipment Loan

Customer Name: _____

Date of Loan: _____ Service Center: _____

Item/Loan Information

Item catalog number: _____

Type of AT Device (Circle one): speech communication | vision | hearing | computers and related | daily living | learning, cognition, and development | environmental adaptations | mobility, seating, and positioning | vehicle modification and transportation | recreation, sports, leisure | other

Date Checked Out: _____

Date Checked In: _____

Date Renewed: _____

Loan Duration: 1 month | 1 week | 2-4 weeks | 2-4 months | indefinite
___ Open Ended Loan

Cost of open-ended loan to customer: _____

Purpose of Short-term Device loan:

___ assist in decision making (device trial or evaluation)

___ serve as loaner during device repair or while waiting for funding

___ provide an accommodation on a short-term basis

___ other specify: _____