

**OLV Human Services-Adaptive Equipment Lending Program**

**790 Ridge Road**

**Lackawanna, New York 14218**

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**EQUIPMENT LOAN FORM**

Today's Date: \_\_\_\_\_

Name of Referring Agency: \_\_\_\_\_

Clinician Information

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax number: \_\_\_\_\_

Therapy Supervisor Name:

MSC Service Coordinator Name:

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

(Number & Street)

(Town/City)

(State)

(Zip Code)

(Phone Number)

Type of equipment borrowing: \_\_\_\_\_

Loan Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

| Parent/Guardian Certification   | Clinician Certification  |
|---|--|
| <p>On behalf of myself and the Recipient named above, I hereby (1) agree to be responsible for the borrowed equipment and to call the Program Coordinator if the equipment needs repair, (2) agree to care for and safeguard the borrowed equipment, and to <b>return it by the above date</b> in good condition, reasonable wear and tear expected and (3) understand that the Recipient is using the equipment at his or her own risk, and that on behalf of myself and the Recipient, I will hold BVS harmless from and against any and all claims for injuries or damages, and hereby waive any claims that may occur as a result of the use of the equipment by Recipient.</p> | <p>On behalf of myself and the agency named herein, I hereby (1) agree that I am the Therapist/Clinician working with the above names Recipient; (2) agree to make due inquiry with the Recipient and insure that the borrowed equipment meets the needs of the Recipient; (3) agree to instruct the Parent/Caregiver and the Recipient in the proper use and care of the borrowed equipment (4) <b>agree to notify the AELP Coordinator if I become aware that the equipment needs repair, or if the equipment is no longer needed by the Recipient, or if another Clinician becomes the primary contact for the Recipient;</b> (5) <b>agree to facilitate return of the equipment by the return due date specified herein;</b> and (6) agree to respond to a monthly inquiry by the AELP Coordinator on the use and usefulness of the equipment.</p> |
| <p>Signature of Parent/Guardian: _____</p> <p>Date: _____</p>   | <p>Signature of Clinician: _____</p> <p>Date: _____</p>  |