

ENVIRONMENTAL ACCESS LOAN BANK APPLICATION FORM

Name of Borrower: _____

Date of Request: _____

Address the Loan Item should be shipped to (if applicable):

City, State, Zip: _____

Phone #: Business _____ Cell _____

Item(s) Requested Basic Switch Eval Kit Other: _____

Ship Item(s) Requested to Borrower Borrower will pick up

Evaluating Jackson Class Member (check one): Yes No

RESPONSIBILITIES OF BORROWER:

1. The Environmental Access Loan Bank (EALB) is provided for use in evaluation of persons who have a Developmental Disability and live in the State of New Mexico.
2. Only Therapists may utilize the EALB.
3. EALB items should be used under the borrower's direct supervision only. Loan bank items are provided for purposes of *evaluation* only and not for extended use by the persons being evaluated.
4. The borrower is responsible for any repair or replacement costs incurred due to abuse, neglect, loss or theft during the loan period.
5. Borrower is responsible for replacing dead batteries.
6. Shipping material should be saved and used to securely package loan bank items for return.
7. Borrower must return Loan Bank Items by mail or in person within thirty (30) days of receipt.
8. The Borrower is responsible for return shipping charges (if applicable).
9. Borrower must purchase Insurance when returning Loan Bank Items by mail. (See Device Listings – Enclosed for Value for Insurance purposes)
10. The Borrower is asked to complete a questionnaire regarding Evaluation Outcomes/ Loan Bank Feedback and return the questionnaire with the Loan Bank Items.

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By signing below, I (Borrower) agree to the above responsibilities and conditions.

Borrower's Signature

Date

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**PLEASE USE THE FOLLOWING INFORMATION TO MAIL OR FAX
THE LOAN REQUEST FORM**

Julie Mehrl, MOT, OT/L
DDSD Clinical Services Bureau
5301 Central Ave NE, Suite 1700
Albuquerque, NM 87108

Ph. # (505) 975-5024
Fax # (505) 861-0613
E-mail julie.mehrl@state.nm.us

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Feel free to contact us with questions or comments.

**We hope this Evaluation Kit is helpful to you and your clients!
Your feedback on the Loan Bank Questionnaire is greatly appreciated!**

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This area to be used by Therapy Unit Staff

Date complete/signed request was received:	
Request approved by:	
Date shipped/picked up:	
Request shipped by:	
Date due for return to Therapy Unit:	
Date received by Therapy Unit:	
Condition of loaned items upon return:	
Comments:	

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