

Department of Rehabilitation Services  
Division of Visual Services

**ASSISTIVE TECHNOLOGY LENDING LIBRARY**  
Purpose, Policy and Procedural Guide

**Location:**

Oklahoma Library for the Blind and Physically Handicapped  
300 N.W. 18<sup>th</sup>  
OKC, OK 73105  
405-522-0524  
1-800-523-0288  
1-405-521-4582 (fax)  
Matt Thomas, ATLL Tech  
[mlthomas@drs.state.ok.us](mailto:mlthomas@drs.state.ok.us)  
Lotus: Matthew L Thomas/vs/DRS

**Purpose:**

The purpose of the Assistive Technology Lending Library is to offer individual or group exploration of one or more assistive technology devices to assist in decision making regarding device utilization and/or purchase. In addition, the demonstration and evaluation program will help an individual determine which tools are most appropriate, and to determine necessary training.

**Policy:**

1. The Assistive Technology Lab is open Monday through Friday, 8:00AM to 4:00PM (Appointments are scheduled between 9:00AM and 3:00PM). A.T. Evaluations are scheduled by appointment. (NOTE: If the consumer has traveled a great distance and does *not* have an appointment, staff will do everything possible to accommodate. However, due to limited staff, if no one is available to do an evaluation and/or demonstration, it will have to be scheduled at a later date.)
2. Requests for equipment demonstrations may be made by a person with a disability, a family member, an advocate or service provider (e.g. therapist, teacher, rehabilitation counselor.)
3. Not all Assistive Technology tools that are available for demonstration are available for loan through the Lending Library.
4. If interested in borrowing equipment after the demonstration, please inquire about availability and loan procedures.

**Procedures:**

Referrals

1. A referral can come from any source, including self-referral.
2. Individuals of any age are eligible for referral.
3. DRS Consumers can be referred to the Technology Lab for Blindness and Low Vision and the Lending Library by their Rehabilitation Counselor, Rehabilitation Teacher, family member or professional who works with the consumer.

4. DRS referrals require a completed DRS-C-017 (Special Services Referral) to be forwarded to the Lending Library Technician. (See heading for phone and fax numbers).
5. Most of the tools in the Technology Lending Library are designed for persons who are blind or who have low vision. However, it should be noted that many of these tools are appropriate for individuals who do NOT have vision problems, but have dyslexia, learning disabilities, and etc.

#### Appointments:

1. Set an Appointment by calling 405-522-0524, 405-522-1065, or 1-800-523-0288.
2. You may e-mail for an appointment for demonstration of the equipment.  
[mlthomas@drs.state.ok.us](mailto:mlthomas@drs.state.ok.us).
3. Upon arrival to the Lab, an evaluator will be assigned to work with you. If the appointment is scheduled for a “low vision” evaluation and it is determined that “low vision” is not at all sufficient, it may necessary to re-schedule for a “blind product” evaluation or demonstration.
4. Every person\* who visits the Technology Lab for Blindness and low Vision will log in and receive a customer ID Number. *\*NOTE: This includes consumers, guests, demonstration groups, teachers, counselors, family members, etc. who come to the lab for professional services. There will be a brief demographic card for those who visit the lab for a simple “quick tour”.*
5. Lab Personnel will enter the basic customer information, including (but not limited to) name, address, phone, e-mail address, etc., AND the demographic data necessary for the grant requirements.
6. Staff will demonstrate appropriate tools that are necessary to meet the consumer’s objectives.

#### Equipment Loan

1. Prior to loan, the consumer must complete an evaluation of their potential ability to successfully use the equipment. If the consumer is unable to use the assistive technology tools, a referral for training will be made.
2. An agreement will be signed by the borrower. This agreement will be provided to the consumer in his/her preferred format.
3. The consumer agrees to return the borrowed equipment either on or before 42 days from the loan origination date. If the tools are delivered by the lab, the lab will call to set an appointment to pick up the tools. DRS reserves the right to employ any and all means necessary to retrieve equipment not voluntarily returned by the consumer on or before the 42<sup>nd</sup> day of loan.
4. If, in case of an extenuating circumstance, an equipment loan extension can be granted for no more than 14 additional days, and only approved by the lending lab program manager. **NOTE: IF ANOTHER CONSUMER IS IN LINE TO BORROW THE EQUIPMENT, NO EXTENSION WILL BE GRANTED.**

5. If the equipment loaned is a computer, the consumer will be advised to back up their information on disks so as to not lose the files. Once a computer is returned to the Lending Library, it will be wiped clean and will be reloaded. This will insure proper operation of the computer and insure privacy from one consumer to the next.

Training:

1. Consumers who wish to borrow assistive technology must meet a competency for the use of the equipment. Once the evaluation is complete, and the consumer's ability is determined, then the appropriate training will be scheduled and provided by the Visual Services agency.
2. The ability to successfully use an assistive device dictates what tool(s) will be loaned to the consumer.
3. Training will be scheduled as soon as possible.
4. If the consumer refuses training, and he/she cannot prove proficiency, the assistive devices will not be loaned to the consumer.

The loan application must be completed and signed. If assistance is needed in completing the loan application, please call 1-800-523-0288, and ask for the Assistive Technology Lending Library and someone will assist you in completing the form. (See below.)



**Assistive Technology Equipment Loan Program  
A Program of Oklahoma ABLE Tech  
AND**



**The Oklahoma Department of Rehabilitation Services  
Division of Visual Services  
Located at the Oklahoma Library for the Blind**

**NOTE: FOR ASSISTANCE IN COMPLETING THIS FORM OVER THE  
PHONE, PLEASE CALL 1-800-523-0288 AND ASK FOR THE  
ASSISTIVE TECHNOLOGY LENDING LIBRARY**

**Equipment Loan Request Form**

**I. Complete the following for the person requesting the equipment:**

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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

Street Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Relationship to Recipient: \_\_\_\_\_

**II. Complete the following for the person who will be USING the equipment (if  
different from the person requesting the equipment:**

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

If Recipient is a Minor, Name of Parent or Guardian: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

***Would the person using the equipment like to make application for services with the  
Department of Rehabilitation Services / Division of Visual Services?  YES  NO***

**III. Complete this section for the person who will be USING the equipment:**

For each of the following, please check only ONE from each category describing the equipment user:

- The user is:  a person with a disability       parent/relative       professional  
User's age:  0-3       4-21       22-64       65 or over  
Disability:  developmental delay       health       learning disability  
 mental health       mobility       sensory (blind, deaf and speech.)

The user's race/ethnicity: (optional)

- White       African-American       Hispanic  
 American Indian       Asian       Asian Indian  
 Pacific Islander       Native Hawaiian       Other (specify)\_\_\_\_\_

**V. Primary purpose of equipment loan (Check only one):**

- Community Living       Education  
 Employment       Information Tech./Telecommunications

**VI. Support Person:** (person able to train/assist recipient in using equipment). For items indicated as requiring a support person, that person **MUST** be identified: If you do not know of a person who can help train you or assist you in the use of the equipment, please check "NONE" and we will try to assist in that aspect as well.       NONE

Name: \_\_\_\_\_  
Title/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**VII. Address for delivery:** where someone is available Monday-Friday, 10 AM to 3 PM. Do not use a P.O. Box Number for shipping address - you must include a street reference. If delivery is at a large facility you must specify department and/or room number.

**Check here if this address is the same as the person requesting the equipment.**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Organization/Agency: \_\_\_\_\_  
Department: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**BORROWER'S RESPONSIBILITY AND LIABILITY**

I/We understand and agree that I/we am/are responsible for the proper handling, storage, use, care, maintenance and return of the device(s), component(s) or accessory (ies) loaned to me/us hereunder.

I/We shall pay all costs for shipping and return of all device(s), component(s) or accessory (ies) to the Assistive Technology Lending Library located at the Oklahoma Library for the Blind on or before the due date indicated herein or upon written demand for the same. If you need our help in the delivery, set-up and training on the use of the equipment, please tell us.

In the event that I/we lose the device(s), component(s) or accessory (ies), I/we shall be liable for the current replacement value thereof. Further, I/we shall immediately contact the Assistive Technology Lending Library at the Oklahoma Library for the Blind. Phone 1-800-523-0288 and report such loss. In the event of a theft of the device(s), component(s) or accessory (ies), I/we shall not be responsible therefore if I/we immediately report the theft to the local law enforcement agency and provide a copy of that report to Lending Library at the number listed above.

In the event that the device(s), component(s) or accessory (ies) thereto malfunction, I/we shall immediately notify Assistive Technology Lending Library at the Oklahoma Library for the Blind. Phone 1-800-523-0288.

I/We shall be responsible for any and all damages or diminution in value of the device(s), component(s) and accessory (ies) beyond normal wear and tear to be determined in the sole discretion of Assistive Technology Lending Library at the Oklahoma Library for the Blind.

I/We shall also remit to Assistive Technology Lending Library at the Oklahoma Library for the Blind any and all insurance proceeds representing the value of any device(s), component(s) or accessory(ies) thereto provided by insurance policies covering my/our residence or its contents, including but not limited to homeowner's or renter's insurance.

I/We shall not pledge, assign, transfer or otherwise give any interest in and to the device(s), component(s) and accessory (ies) to any third party. Assistive Technology Lending Library at the Oklahoma Library for the Blind shall receive and I/we shall pay and be responsible for any and all costs associated with return of the device(s), component(s) and accessory(ies), including but not limited to costs and fees of litigation, reasonable attorney's fees and costs, repossession costs and any other costs reasonably incurred by Assistive Technology Lending Library at the Oklahoma Library for the Blind.

I/We understand it is illegal to copy or distribute any proprietary software or hardware loaned through Assistive Technology Lending Library. Upon completion of the loan, if I/we have installed such software on my/our computer, I/we shall remove said software.

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Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Borrower \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless Assistive Technology Lending Library at the Oklahoma Library for the Blind, and our partner agency, the Assistive Technology Equipment Loan Program, Oklahoma AbleTech and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against the Assistive Technology Lending Library at the Oklahoma Library for the Blind and our partner agency, the Assistive Technology Equipment Loan Program, Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with loan(s) from the Assistive Technology Lending Library.

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Signature of Borrower

Date

**Please forward the completed request / application to:**

**Assistive Technology Lending Library  
c/o Oklahoma Library for the Blind and Physically Handicapped  
300 NE 18<sup>th</sup>  
Oklahoma City, OK 73105**

Or you may simply call the Assistive Technology Lending Library at 1-800-523-0288 and talk to a representative of the Lending Library.