|  |  |
| --- | --- |
| *北卡罗来纳州婴幼儿计划* |       |

*辅助技术设备借用协议*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **孩子的姓名：** |       | **孩子的出生日期：** |       |  |
| **CDSA 接收设备的日期：** |        | **交付给家庭/提供者的日期：** |       |  |
|  |  |  |  |  |
| **票据号：** |       | **项目：** |        | **价值：** | $      |
| **票据号：** |       | **项目：** |        | **价值：** | $      |
| **票据号：** |       | **项目：** |        | **价值：** | $      |
| **票据号：** |       | **项目：** |        | **价值：** | $      |
| **票据号：** |       | **项目：** |        | **价值：** | $      |
| **票据号：** |       | **项目：** |        | **价值：** | $      |
| **票据号：** |       | **项目：** |        | **价值：** | $      |

|  |
| --- |
| 本人是本次借用的责任人，特此签署本人姓名首字母缩写（及下方签名），以示同意以下内容：I am the responsible person for this loan, and I agree to the following as indicated by my initials (& signature below): |
| **Service Provider:** |
|       | 1. The device received is clean and in working condition. Batteries were supplied if appropriate.(Batteries will only be provided at initial time of loan.)
 |
|  |
|       | 1. The device will only be used with the designated child (the device is not transferable).
 |
|       | 1. **I understand that the use of this assistive technology (AT) is by LOAN.I agree to return the AT when no longer needed** for assessment and equipment trial or to transfer the loan to the designated family as determined by the IFSP team and facilitated by the EISC.
 |
|  |
| **家庭：** |
|       | 1. 收到的设备是干净的，并且处于正常状态。设备附带电池（如适用）。（电池仅在首次借用时提供。）
 |
|  |
|       | 1. 我已收到有关如何正确使用和养护设备，以及设备将如何帮助获得 IFSP 结果的说明。我同意对该设备的正确使用、保养、清洁和维护负责。
 |
|  |
|       | 1. 我同意，如果设备工作不正常，我将告知 EISC。本项不会以任何永久方式进行调整或更改。
 |
|       | 1. 该设备仅应由指定的儿童使用。
 |
|       | 1. 我同意定期与我孩子的 EISC 和 IFSP 团队沟通，了解该设备在实现 IFSP 结果方面的持续需求和使用情况。
 |
|  |
|       | 1. 本人了解，本人可以向 EISC 申请与设备使用相关的持续协助和培训，以达到 IFSP 的结果。EISC 将安排适当的人员提供支持。
 |
|  |
|       | 1. **本人了解，该辅助技术 (AT) 设备为借用。本人同意，当对于获得 IFSP 结果而言不再必要，**或我的孩子不再参与本计划，或我的孩子退出婴幼儿计划时，本人会归还该 AT 设备。
 |
|  |
|       | 1. **本人了解，借给我的孩子的设备一旦丢失、损坏或未归还，本人需承担相关责任。**
 |
| **签名：** |       | **接收日期：** |       |  |
| **印刷体姓名：**  |       | **与孩子的关系：** |       |  |
| **服务提供者的姓名：** |       | **服务提供者的签名：** |       |  |
| 服务提供机构名称：  |       |  |
| 地址： |       | 城市： |       | 州： |    | 邮编： |       |  |
|  |