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| *North Carolina Infant-Toddler Program* |  |
| *Assistive Technology Loan Return/Transfer*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Name:** |  | **Child’s Date of Birth:** |  |  | | |
|  | |
| **CDSA USE ONLY** | |

**Equipment Return Information:**

Complete the information below for each item as it is returned and/or transferred to another CDSA.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | **EISC:** |  | | | | | | | |
| **Name & Title of Person Completing Form:** | | | | | | |  | | **Name of CDSA:** | | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Equipment name:** | | |  | | | | | **Item #:** | | |  | |
| **Safety Check/Condition of Equipment:** | | | | | | | | **Preferred Disposition of Equipment:** | | | | |
|  | 1. **Ready for re-loan** | | | | | | |  | 1. **Leave at CDSA** | | | |
|  | 1. **Missing parts / items needed:** | | | | | | |  | 1. **Return to another CDSA** | | | |
|  | 1. **Needs repair** | | | | | | |  | 1. **Return to Loan Administrator** | | | |
|  | 1. **Needs extensive cleaning** | | | | | | |  | | | | |
|  | 1. **Damaged beyond repair** | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | | | | |
| **Reviewed by CDSA AT Contact:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Date:** | |  | | **EISC:** |  | | | | | | | |
| **Name & Title of Person Completing Form:** | | | | | |  | | | | **Name of CDSA:** | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Equipment name:** | | |  | | | | | **Item #:** | | |  | |
| **Safety Check/Condition of Equipment:** | | | | | | | | **Preferred Disposition of Equipment:** | | | | |
|  | 1. **Ready for re-loan** | | | | | | |  | 1. **Leave at CDSA** | | | |
|  | 1. **Missing parts / items needed:** | | | | | | |  | 1. **Return to another CDSA** | | | |
|  | 1. **Needs repair** | | | | | | |  | 1. **Return to Loan Administrator** | | | |
|  | 1. **Needs extensive cleaning** | | | | | | |  | | | | |
|  | 1. **Damaged beyond repair** | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | | | | |
| **Reviewed by CDSA AT Contact:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**CDSA Transfer Notification:**

Complete as equipment is transferred to another CDSA.

|  |  |  |
| --- | --- | --- |
| **Date:** |  | |
| **Receiving CDSA:** |  | |
| **Name of new EISC:** | |  |
| **Comments:** |  | |

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| *North Carolina Infant-Toddler Program*  *Assistive Technology Loan Agreement/Return/Transfer*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Name:** |  | **Child’s Date of Birth:** |  |  | |
|  |
| **CDSA USE ONLY** |

**Equipment Return Information:**

Complete the information below for each item as it is returned and/or transferred to another CDSA.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | **EISC:** |  | | | | | | | |
| **Name & Title of Person Completing Form:** | | | | | | |  | | **Name of CDSA:** | | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Equipment name:** | | |  | | | | | **Item #:** | | |  | |
| **Safety Check/Condition of Equipment:** | | | | | | | | **Preferred Disposition of Equipment:** | | | | |
|  | 1. **Ready for re-loan** | | | | | | |  | 1. **Leave at CDSA** | | | |
|  | 1. **Missing parts / items needed:** | | | | | | |  | 1. **Return to another CDSA** | | | |
|  | 1. **Needs repair** | | | | | | |  | 1. **Return to Loan Administrator** | | | |
|  | 1. **Needs extensive cleaning** | | | | | | |  | | | | |
|  | 1. **Damaged beyond repair** | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | | | | |
| **Reviewed by CDSA AT Contact:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Date:** | |  | | **EISC:** |  | | | | | | | |
| **Name & Title of Person Completing Form:** | | | | | |  | | | | **Name of CDSA:** | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Equipment name:** | | |  | | | | | **Item #:** | | |  | |
| **Safety Check/Condition of Equipment:** | | | | | | | | **Preferred Disposition of Equipment:** | | | | |
|  | 1. **Ready for re-loan** | | | | | | |  | 1. **Leave at CDSA** | | | |
|  | 1. **Missing parts / items needed:** | | | | | | |  | 1. **Return to another CDSA** | | | |
|  | 1. **Needs repair** | | | | | | |  | 1. **Return to Loan Administrator** | | | |
|  | 1. **Needs extensive cleaning** | | | | | | |  | | | | |
|  | 1. **Damaged beyond repair** | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | | | | |
| **Reviewed by CDSA AT Contact:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**CDSA Transfer Notification:**

Complete as equipment is transferred to another CDSA.

|  |  |
| --- | --- |
| **Date:** |  |
| **Receiving CDSA:** |  |
| **Name of new EISC:** |  |
| **Comments:** |  |