|  |  |
| --- | --- |
| *North Carolina Infant-Toddler Program*  |       |
| *Assistive Technology Loan Return/Transfer*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name:** |       | **Child’s Date of Birth:** |       |  |

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|  |
| **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:**  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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:**  |  |