



# Infinitec State-wide Equipment Request and Agreement Form

Infinitec Assistive Technology Coalition Center \* 7550 West 183<sup>rd</sup> Street, Tinley Park, IL 60477

Attn: Shannon Cici \* (708) 444-8460 ext. 242 \* Fax (708) 444-4204



County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_\_\_

School Attending: \_\_\_\_\_ District of Residence: \_\_\_\_\_ District of Attendance: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Contact Person Email: \_\_\_\_\_ Date equipment needed: \_\_\_\_\_

<b>Disability</b>	<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Multiple Disabilities
	<input type="checkbox"/> Blind/Low Vision	<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Other Health Impaired
	<input type="checkbox"/> Deaf/Hard-of-Hearing	<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Specific Learning Disability
	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Traumatic Brain Injury

Please provide Name/Title/Work Phone/Email of individual responsible for equipment during rental period. **EMAIL IS REQUIRED!!**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Equipment Rental Information		
Equipment Description <small>(Please be as descriptive as possible and include any required accessories)</small>	Equipment Inventory Number	Rental Start Date
For Office Use Only		

Shipping Preference:

Next Day Air

Regular Ground (3-6 Days)

Pick Up Equipment (Call for Appointment, please)

Other \_\_\_\_\_

Ship To:

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

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**This section is required. Equipment cannot be shipped unless this information is completed.**

Intended Level of User	Intended Location of User	Purpose of Equipment
<input type="checkbox"/> Preschool	<input type="checkbox"/> General Education/Inclusion Classroom	<input type="checkbox"/> Access/increase participation in general curriculum
<input type="checkbox"/> Elementary	<input type="checkbox"/> Tech Lab	<input type="checkbox"/> Access/increase participation in community/vocational setting
<input type="checkbox"/> Middle School	<input type="checkbox"/> Home	<input type="checkbox"/> Access/participation in social networking/internet
<input type="checkbox"/> High School	<input type="checkbox"/> Multiple Environments	<input type="checkbox"/> Access/participation in related service/therapy support
<input type="checkbox"/> Transition		

The above listed equipment is being used by (Agency Name) \_\_\_\_\_, in accordance with the Infinitec Member Agency Agreement. My signature verifies that I have read, understand, and agree with this equipment request.

District Designee Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to Infinitec for processing.