



Delaware County Board of Developmental Disabilities

To inspire, empower, and support people to achieve their full potential.

Technology Lending Application

APPLICANT INFORMATION

Name: _____ Date: _____
(Child or Adult who will be receiving technology requested)

Parent or Guardian Name (if applicable): _____

Address (where the technology will be used or stored): _____

Contact Email: _____ Contact Phone Number: _____

Name of Service and Support Administrator/Early Intervention _____

REQUEST INFORMATION

Length of time requested to borrow the technology: _____

Technology being requested: _____

Intended purpose of the technology: _____

How do you think this technology will improve or support independence or remove barriers?

I have the required resources needed to run the technology:

Power ☐ Internet ☐ Wifi ☐ Cell Phone ☐ Computer ☐ Tablet ☐ Other ☐

Will you need training on the technology? Who will train you, if needed?

How did you learn about this piece of technology?

Check all areas the technology will be used for:

Community Living ☐ Employment ☐ Education ☐ Home ☐ Remote Monitoring ☐



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FOR DCBDD USE ONLY

Borrow Date: _____

Return Date: _____

Condition of technology when given: _____
(Good, Fair, Poor)

Condition of technology when returned: _____
(Good, Fair, Poor)

☐ Application Date: _____

☐ Verification of Return Date: _____

☐ Participation Agreement Date: _____

☐ Follow-up Survey Date: _____

☐ Verification of Pick-up Date: _____

☐ Verification of Address Date: _____



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Technology Lending Pickup Verification

My signature below verifies that I am the signed BORROWER and in receipt of the requested technology, _____, borrowed from the Delaware County Board of Developmental Disabilities at 7991 Columbus Pike Lewis Center, Ohio and agree to the following conditions:

I hereby agree to return the device on _____. Failure to return device may result in payment to DCBDD for said value of device borrowed and I may be placed on the “do not borrow” list.

Name of person picking up technology: _____

Parent/Guardian (if applicable): _____

Item # on device: _____

Signature _____ Date _____

DCBDD member issuing pickup: _____