



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name:

Child First Name:

DOB:

FOLDER:

MI

ID#:

Date:

TITLE:

☐ Long-Term

☐ Short Term

This agreement is between the Office of Maternal, Child and Family Health, West Virginia Birth to Three and

(Parent Name)

The Office of Maternal, Child and Family Health, WV Birth to Three, will loan the following equipment

to _____ for a period of _____ months, to be returned no later than _____ (return date).

The family or professional borrowing the equipment will take responsibility for the equipment loaned to them. In signing this form, the family or professional is agreeing to return the equipment by the expiration date of the loan period. The family or professional will return the equipment in its original condition. If, during the loan period, the equipment is broken or in need of repair, the family or professional will contact the WV Birth to Three system and determine the best process for getting the equipment repaired, to be covered by WV Birth to Three. In some instances (such as purposeful breakage or negligence), the family or professional (borrower) will be responsible for the cost of repair.

If software is being loaned to a family or professional, he/she promises to return the borrowed disk by the due date. The family or professional will not copy the borrowed disk. The family or professional will erase the program from his/her hard drive upon conclusion of the loan period.

Evidence of abuse of any of the above rules will result in the family or professional being denied future loans.

In signing this form, the family or professional is agreeing to the terms listed above.

☐ I have read the above rules and understand them. I agree to abide by the rules and indicate my agreement by signing and dating this form.

NAME: _____ DATE: _____
(Parent or Professional)

Address

City

Zip

Witness Signature

Date

Family member or friend living in the area whom we could contact if we cannot reach you:

Relationship _____ Phone _____

If returned other than in person (by USPS, UPS, FedEx, etc) it should be insured for the cost of the device. For assistance in returning a device or in the event of malfunction or disrepair, call the WV Birth to Three State Office at 1-800-642-9704 or 304-558-5388.

FOR OFFICE USE ONLY

Staff member loaning/sending equipment: _____

Staff member receiving equipment on return: _____ Date Equipment returned: _____