

## ***Application for Lions Foundation of ND Video Magnifier Program***

1. Referring professional: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Applicant's visual condition: \_\_\_\_\_

3. Applicant's visual acuity OR Level of Magnification: \_\_\_\_\_

Date referred: \_\_\_\_\_

Signature of referring professional: \_\_\_\_\_ Print name:

Title: \_\_\_\_\_

### **Consumer Information**

4. Applicant's name: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

7. Home phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

8. E-mail address: \_\_\_\_\_

9. Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

10. Purpose for use of equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Type of application

\_\_\_ New client + device delivery

\_\_\_ Repair

\_\_\_ Repossession

12. Please select payment option:

\_\_\_ **\$70** = \$50 deposit and \$20 standard monthly lease payment. After \$50 **non-refundable** deposit is paid, monthly payments will be \$20 per month for the remainder of the lease.

\_\_\_ **\$30** = \$10 deposit payment + \$20 monthly payment. This will be the payment amount for the first five (5) months of the lease. After the **non-refundable** \$50 deposit has been paid, payments will be \$20 per month for the remainder of the lease.

13. Name of emergency contact person: \_\_\_\_\_

14. Emergency contact phone number: \_\_\_\_\_

15. Emergency contact e-mail address: \_\_\_\_\_

16. Identify special arrangements that need to be made prior to delivering the device (ex. contact emergency contact person first, directions to home, etc.) \_\_\_\_\_

\_\_\_\_\_

**Reviewed by Lions Foundation of ND Video Magnifier Selection Committee**

Date: \_\_\_\_\_

Approved: \_\_\_

Denied: \_\_\_ Reason: \_\_\_\_\_

To be delivered by: \_\_\_\_\_

Type of device to be delivered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Lions Foundation of ND Video Magnifier Program**  
**Terms and Conditions of Lease**

**PLEASE COMPLETE AND RETURN WITH APPLICATION!**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Lease #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Device(s)

Description: \_\_\_\_\_

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Please note any damage to the machine prior to signing this agreement:

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Please initial by EACH of the following conditions to indicate you agree to each condition.

\_\_\_\_\_ **Deposit:** I agree to pay the \$50.00 non-refundable deposit in either a one-time payment of \$50.00 or in five (5) \$10.00 payments.

\_\_\_\_\_ **Lease Payments:** I agree to pay the monthly lease fee of \$20.00 on the first of each month. Payments must be received by the Lions Foundation of ND Video Magnifier Program no later than the 15<sup>th</sup> of each month. I further understand that if my payments are not received for three (3) months during the one year lease term, the video magnifier will be repossessed. I also understand that should the video magnifier be repossessed, I may be eligible to re-apply for another video magnifier, but a new non-refundable deposit will be required.

\_\_\_\_\_ **Length of Lease:** I understand that the length of the lease is on a monthly basis. I also understand that if I choose to terminate the lease at any time, I may do so by providing the Lions Foundation of ND Video Magnifier Program a thirty (30) day written notification.

\_\_\_\_\_ **Use and Care:** I agree to be responsible to use the device solely for its intended purpose and to take good care of the device while it is in my possession.

\_\_\_\_\_ **Loss:** I understand if I lose my device, I must report the loss to the Lions Foundation of ND Video Magnifier Program and I understand that I am not eligible for another device.

\_\_\_\_\_ **Change of Address:** I understand if I move to another location in the state of North Dakota, I must report my new address within thirty (30) days of moving. If I plan to move out-of-state, I must return the device to the Lions Foundation of ND Video Magnifier Program prior to leaving the state.

\_\_\_\_\_ **Temporary Absence:** I understand this device is the property of the Lions Foundation of ND Video Magnifier Program and if I am required to stay in another state temporarily, I may bring the device with me. Temporary absence shall be no longer than 120 days. For absence longer than 120 days, approval must be received from the Lions Foundation of ND Video Magnifier Program PRIOR to my temporary absence. I further understand that if, for any reason, the device must be returned while I am out-of-state, I am solely responsible for any and all expenses associated with returning the device to the Lions Foundation of ND Video Magnifier Program as well as any damages occurring during the transport of the device.

\_\_\_\_\_ **Liability:** I, the under signed, agree to hold harmless and indemnify the Lions Foundation of ND Video Magnifier Program, its officers, agents, video magnifier delivery agent and employees, from and against any and all actions, suits, damages, expenses, liability or other proceedings caused by the use or misuse of the device by anyone.

\_\_\_\_\_ **Repair/Exchange:** I understand that broken or malfunctioning devices may be repaired or exchanged depending on severity of the problem. I will immediately contact the Lions Foundation of ND Video Magnifier Program about any problems with the unit. I further understand that any repairs needed due to misuse or neglect is solely my responsibility.

\_\_\_\_\_ **Complaint:** If, for any reason, I am not satisfied with the service provided, I may call or submit a written complaint to the Lions Foundation of ND Video Magnifier Program.

\_\_\_\_\_ **Death:** In the event of death of the undersigned consumer, the executor or heir must return the device to the Lions Foundation of ND Video Magnifier Program in a reasonable amount of time not to exceed 60 days.

\_\_\_\_\_ **Release of Information:** I further authorize the Lions Foundation of ND Video Magnifier Program to release information to the delivery agent. Information release may include: name, date of birth, race, sex, demographic data and program status for the purpose of collecting, analyzing and reporting data and to facilitate access to services/programs offered by the State of North Dakota.

I, \_\_\_\_\_ (*please print full name*) have read and fully understand the above mentioned Terms and Conditions of the Lions Foundation of ND Video Magnifier Program and by signing this document, I commit to adhering to ALL Terms and Conditions listed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Delivery Agent

\_\_\_\_\_  
Date

**DELIVERY AGENT: Please make two (2) copies (one for you and one for the applicant) and send the original to:**

***Lions Foundation of ND Video Magnifier Program***

***PO Box 761***

***Mandan, ND 58554***