

Application for Lions Foundation of ND Video Magnifier Program

1. Referring Professional: _____ Date Referred: _____

Phone : _____ Other Phone: _____

Email Address: _____

2. Applicant's Visual Condition: _____

3. Applicant's Visual Acuity OR Magnification Level: _____

4. Intended Use of Equipment: _____

5. Delivery Instructions (i.e., contact emergency contact first, directions, etc.) _____

6. Type of Application:

_____ New Client Video Magnifier _____ New Client Sara CE

_____ Repair _____ Repossession

Signature of Referring Professional: _____

Name and Title of Referring Professional (Print): _____

Consumer Information

7. Applicant's Name: _____ Date of Birth: _____ Gender: _____

8. Home Address: _____

9. City: _____ State: _____ Zip: _____ County: _____

10. Home Phone: _____ Other Phone: _____

11. E-mail Address: _____

Emergency Contact Information

MUST BE COMPLETED

12. Name of Emergency Contact: _____
13. Phone Number: _____ Email Address: _____

Lease Payment Options

14. Please select a lease 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 lease 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.

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

PLEASE COMPLETE AND RETURN WITH APPLICATION!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Device Description: _____ Serial #: _____

Note any damage to the machine prior to signing the agreement:

Initial by EACH condition to indicate you agree to each condition.

_____ **Deposit:** I agree to pay the \$50 non-refundable deposit in either a one-time payment of \$50 or in five (5) \$10 payments. THIS PAYMENT IS USED FOR OFFICE EXPENSES AND SHIPPING NEW MACHINES (MANDAN OFFICE).

_____ **Lease Payments:** I agree to pay the monthly lease fee of \$20 on the first of each month. Payments must be received by the Lions Foundation of ND Video Magnifier Program no later than the 15th of each month. I 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 may be eligible to re-apply for another video magnifier, but a new non-refundable deposit will be required.

_____ **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 it to the Lions Foundation of ND Video Magnifier Program and understand I am not eligible for another device.

_____ **Change of Address:** I understand if I move to another location in 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 sole 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 undersigned, 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 the severity of the problem. I will immediately contact the Lions Foundation of ND Video Magnifier Program about any problems with the device. 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

REFERING PROFESSIONAL: Please make two (2) copies (one for you and one for applicant) and send original to:

**Lions Foundation of ND Video Magnifier Program
3801 Memorial Highway Ste. A
PMB 106
Mandan, ND 58554**

Updated 1/25/2022