

STAR Network
Training and Liability Form

DATE: _____ Consumer Donation Contribution: \$ _____

STAR Outreach Center: _____

Consumer Name: _____

Date Equipment issued by Outreach Center and training occurred: _____
(List items and have consumer complete the following)

The refurbished cost of this item(s) are: \$ _____, would you like to contribute anything toward the cost of this item (s)? YES _____ NO _____ How Much: \$ _____

Completed by Direct user of equipment:

I, _____ have been shown how to safely use the equipment
(Name of Consumer)

That I received from _____ on _____

(Signature of Consumer)

If not the Direct User:

I have been shown how to safely use the equipment I picked up from

_____ on _____ for _____
(Center name/training person) (Date) (User Name)

(Signature of user representative)

Performance of Services:

Primary Purpose for needing AT device or service is related to: (Circle one)

Education Community Living Employment

Level of Satisfaction: (Circle one)

Highly Satisfied Satisfied Satisfied somewhat Not at all satisfied

Why chose to obtain AT device/service from TFL: (Circle one)

- _____ Could only afford the AT through this program
- _____ The AT was only available to me through this program
- _____ TFL program was not as complex or time consuming
- _____ None of the above