

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES PROCEDURE**

**Department:** Human Services

**Program/Position:** Waivered Services

**Procedure Title:** Internal process for the Device Checkout Program

**Relevant Forms:** Device Checkout Agreement and Checklist; Statement of Policy Agreement

**Revision History:** New procedure

**Revised by/Date:** Jennifer Ballinger/Cassie Brown

**Executive Director Initials:** *ck* 3/7/22

**Approved-by:**

**Date:**

*J. Ballinger 3/7/22*

**PROCEDURE:**

1. Waivered Services staff member will approve all borrowers and have a current client list available at the designated checkout location.
2. Waivered Services staff member will notify the IT department of all individuals approved for the program and keep a current list with the IT department.
3. Waivered Services staff will set up usernames and passwords, according to IT specifications, for the approved clients of the program.
4. Devices may be checked out from 8:00am-4:30pm Monday through Friday from designated Waivered Services staff member.
5. Pre-Approved individuals are required to present either Tribal or State identification at time of checkout.
6. Borrower will sign the *Statement of Policy Agreement*; this is required only once unless policy changes.
7. Waivered Services staff member will stamp as confidential and place into the client's file.
8. Device users are required to sign the *Device Checkout Agreement and Checklist* form containing personal information, signature, and signature of Waivered Services staff member each time.
9. At the time of checkout, Waivered Services staff member along with the borrower will inspect the device to make sure it is intact and functioning properly.
10. Waivered Services Staff member will ensure that the individual can log into the device.
11. Waivered Services staff member will place the completed *Device Checkout Agreement and Checklist* form into the borrower's file.
12. Upon return of the device, Waivered Services staff member will inspect the device and document the date on the borrower's *Device Checkout Agreement and Checklist* form and place the form back into their file.
13. Waivered Services staff member will disinfect all components of the device and accessories and place back into the locked cabinet.
14. In cases where clients checkout and check-in device by a Waivered Services staff member from their residence the above procedure is still required.

<b>HHS Policy Reference</b>	HHS-HUM-WS 7501
<b>Compliance - Posting Date</b>	3/16/2022 <i>ck</i>
<b>Next Review - Due Date</b>	



Mille Lacs Band of Ojibwe Human Services;  
Community Support Services  
Device Checkout Agreement and Checklist



**CHECKED OUT ON:**

**DUE BACK ON:**

**CHECKED IN ON:**

**BORROWER INFORMATION**

NAME:

JUVINILE NAME:

ADDRESS:

EMAIL:

PHONE:

**DEVICE INFORMATION**

DEVICE NAME:

BRAND/MODEL:

SERIAL NUMBER:

CHARGER PROVIDED:

**DEVICE CHECKOUT LIST**

ARE THERE ANY CRACKS IN THE CASE?

ANY VISABLE SCRATCHES TO THE SCREEN?

ANY SCREEN DISPLAY DISCOLORATION?

CHARGER WORKS PROPERLY AND IS FREE OF ANY DEFECTS?

**DEVICE RETURN CHECKLIST**

ARE THERE ANY CRACKS IN THE CASE?

ANY VISABLE SCRATCHES TO THE SCREEN?

ANY SCREEN DISPLAY DISCOLORATION?

CHARGER WORKS PROPERLY AND IS FREE OF ANY DEFECTS?

BORROWER SIGNATURE:

STAFF MEMBER SIGNATURE:

**BY SIGNING THIS FORM, YOU AGREE TO THE FOLLOWING  
TERMS AND CONDITIONS:**

1. YOU AGREE TO PROMPTLY RETURN THE DEVICE AT THE END OF THE BORROWING PERIOD.
2. YOU AGREE TO PAY FOR ANY DAMAGES OR LOSS OF EQUIPMENT DURING YOUR TIME OF POSSESSION.



Mille Lacs Band of Ojibwe Health & Human Services;  
 Waivered Services Department  
 Statement of Policy Agreement



I, \_\_\_\_\_ have read, understand, and will comply with the Device Checkout Policy and Procedures. By signing this form, I understand that I will be held financially responsible for lost, stolen or damaged devices and/or accessories. Checked out devices that are more than 7 days past due will be considered lost or stolen. I understand I will be charged the full retail price for replacement of past due items. I agree to pay for such damages and or lost/stolen equipment from my per capita payments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Telephone \_\_\_\_\_

Juvenile's Name (for borrowers under 18 years old)

\_\_\_\_\_

**STAFF USE:**

Identification number (tribal or state) \_\_\_\_\_ Expiration date \_\_\_\_\_

**Borrower's Access information:**

Username \_\_\_\_\_ Password \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_ Placed in individual's file