

ACHP Electronic Device Borrowing Program

ACHP understands the challenges both providers and residents are facing with restricted visitation and it's not easy to support family members and friends in connecting with residents living in adult care homes at this time. We are committed to providing access to information, educational, social and cultural resources for residents of Multnomah County Adult Care Homes to connect them to their communities during the COVID-19 pandemic.

Conscious about the barriers residents face to connect with their loved ones, the ACHP has created an electronic device borrowing program to support residents connect with their friends and loved ones virtually and provide access to a variety of applications for free entertainment.

Keeping in mind that as a provider you have a busy schedule, we've created a simple way for you to check out an electronic device from the ACHP. Complete the check out slip (attached below) to borrow a device and follow the simple laminated instructions on how to use the device. Virtual visits can be included as part of weekly activities offered to residents.

Safety: The ACHP strives to balance the rights of residents by allowing access to information and resources in a safe environment. The device has some restrictions and will be programmed with applications like **Hangouts and Facebook** to have video visitation with family and friends; **Library** for access to audio books, games, movies, **Games, Virtual field trips** and more. The device will also be programmed to reset each time the device is logged out however we can not guarantee confidentiality.

For technical assistance with the devices, you may call the Cyber Senior line at 1-844-217-3057 they may be able to help the resident use the device independently <https://cyberseniors.org/> .

Device user agreement, this device:

- Should be used by the residents of adult care homes.
- Must be sanitized before and after each use.
- Should be returned if damaged, ACHP providers will not be charged for broken devices, normal wear and tear and accidents are expected.

Provider will inform residents that the device:

- Should not be used in a way that violates federal, state or local laws; includes access, view, print and distribution of illegal content including child pornography.
- Should not be used to engage publicly in any activity that is deliberately offensive or creates an intimidating or hostile environment to others in the home.
- Should not be used to violate copyright laws and software license agreements or the policies of the individual websites viewed.

Acknowledgment: I understand and agree to follow the above device guidelines. I will notify the ACHP if I no longer need this device. I agree to be responsible to track the device and I will return or renew it by the due date agreed.

Operator signature: _____ Date: _____

Instructions to Provider: complete the check out slip below and send to the ACHP via fax (503) 988-5722 or email to advsd.adult.carehomeprogram@multco.us

This section to be completed by Provider:	<i>ACHP official use only:</i>
Provider Name: _____	Check out Date: _____
Phone Number: () _____	Device # _____
License Number: _____	Device date of return: _____
Number of residents: _____	Notes:
Device Return Due Date: _____	