



**PURPOSE**

To document all equipment/computer items loaned to the individual for use in employment or training. To document all equipment/computer items transferred at case closure.

**PREPARED BY**

Vocational Rehabilitation (VR)/Independent Living Rehabilitation (ILR) Counselor completes this form with the assistance of the individual.

**INSTRUCTIONS**

**Agreement Between:** Enter the individual's name (first name, middle initial and last name).

**Check the box to indicate if the staff completing this form is a Vocational Rehabilitation Counselor, Independent Living Rehabilitation Counselor, or Social Worker for the Blind.**

**Description (Brand Name, Model #, Serial #, Manuals, Peripherals):** Enter the brand name, model number, serial number for each piece of equipment to include manual and any peripheral information that is given to the individual. Model and Serial numbers are usually found on the bottom of pieces of equipment. You may also include color, size or any other identifying information you deem as pertinent to each piece of equipment. Complete a full description of all equipment items loaned to the individual.

I, \_\_\_\_\_: Enter the individual's name (first name, middle initial and last name).

Individual signs and dates the form.

Individual representative signs and dates the form, if required.

VR/ILR Counselor signs, dates the form.

VR/ILR Counselor enters the District Office phone number to include the area code and seven-digit phone number.

**Ownership of Equipment**

(To be completed at Case Closure)

Individual signs and dates the form.

Individual representative signs the form as required.

VR/ILR Counselor signs and dates the form.

**DISTRIBUTION**

Original: Individual

Copies: Case Record