



EQUIPMENT AND COMPUTER USE AGREEMENT

Agreement Between _____ and North Carolina
Division of Service for the Blind (DSB)

DESCRIPTION (Brand Name, Model #, Serial #, Manuals, Peripherals)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I, _____, understand the equipment/ computer listed above and provided by the North Carolina Division of Services for the Blind is being loaned to me for my training and/or my independent living needs.

I have been informed of the RULES (listed below) regarding appropriate use of this equipment/ computer. I agree to comply with these **RULES**. **I understand any violation of these RULES could result in loss of this equipment/computer or could result in my having responsibility of payment for repairs.**

- My equipment/computer is for my use ONLY. Friends or relatives, including children, are not to use my equipment/computer. My equipment/computer is not to be used for any family business activities.
- I will not add additional software or hardware to my computer without prior approval. I will not download music, graphics, or videos unless directly related to my training.
- I understand that abuse or failure to properly maintain DSB sponsored equipment/computer, including computer software, may result in the loss of use of the equipment/computer.
- If I have any questions about the aforementioned agreement or encounter problems with my equipment/computer, I will contact my Independent Living Rehabilitation Counselor whose name and telephone are listed below.



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I understand that ownership of this equipment may be transferred to me when my Independent Living Plan (ILP), is completed, and the equipment is being used for the intended purpose.

I also understand that the equipment, or any part of the equipment, shall be surrendered to the NC Division of Services for the Blind, if my Independent Living Plan under which these items of equipment/ computer are being furnished is not completed or the equipment/computer or any part of the equipment/ computer ceases to be used by me in connection with my training or independent living goals.

Consumer

Date

Consumer Representative as required

IL Rehabilitation Counselor

Date

IL Rehabilitation Counselor Office Telephone



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OWNERSHIP OF EQUIPMENT (To be completed at Case Closure)

I understand that the ownership of the computer/equipment listed is being transferred to me for the following reasons:

My Independent Living Plan under which these items of equipment were furnished is completed, and

The equipment is being used by me in connection with my training and continues to assist me in maintaining my independence.

If at any time, the equipment no longer benefits you, please consider returning it to the agency so that it may be reassigned.

Individual

Date

Individual Representative, as required

IL Counselor

Date
