



PURPOSE

To secure an agreement with a hearing aid vendor that chooses to conduct business with the Division of Services for the Blind (DSB). Submission of the completed form verifies the vendor's understanding of the conditions by which reimbursement will be dispersed from DSB.

PREPARED BY

Hearing Aid Vendor

INSTRUCTIONS

- 1. Letter of Agreement between the North Carolina Department of Health and Human Services, Division of Services for the Blind (DSB):** Enter the complete business name of the hearing aid vendor.
- 2. City and State of Vendor:** Enter the Vendor's most current street address, city and five-digit zip code.
- 3. This Agreement is entered into on this the _____ day of _____ of the year:** Enter the two-digit day the agreement will begin, the two-digit month and four-digit year the agreement will begin.
- 4. Signed by:** The Authorizing Agent for the Vendor signs and dates the form.
- 5. Position:** Enter the Authorizing Agent's Position Title.
- 6. License No.:** Enter the license number that corresponds to the signature of the authorizing agent.
- 7. Name of Business:** Enter the complete business name of the hearing aid vendor.
- 8. Address:** Enter the Vendor's most current street address, city and five-digit zip code.
- 9. Telephone No.:** Enter the Vendor's telephone number to include area code and seven-digit phone number.
- 10. Name(s) and License(s) No.:** Enter the license number of other staff authorized to dispense aids in the business.

The Director of Division of Services for the Blind signs and dates the form.

DISTRIBUTION

Original: Chief, Vocational Rehabilitation Programs and Facilities, NC-DHHS:
Division of Services for the Blind, 2601 Mail Service Center, Raleigh, NC 27699-2601

Copy: Vendor