



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

- Vocational Rehabilitation-Individual Plan for Employment (IPE)
- Independent Living Rehabilitation-Independent Living Plan (ILP)
- Social Worker for the Blind-Independent Living Services Program Assessment and Plan (ILSPAP)

DESCRIPTION (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 DSB is being loaned to me for my training and/or my employment 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 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.



EQUIPMENT AND COMPUTER USE AGREEMENT

- 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 (Independent Living Rehabilitation or Independent Living Services) or employment (Vocational Rehabilitation).
- I will use loaned equipment/computer for required school and job related activities (Vocational Rehabilitation) or for my training and independent living needs (ILP or ILSPAP).
- I will use my computer's Internet application only for required school research, assignments, and/or job related activities (Vocational Rehabilitation).
- I understand that the computer stores a list of all Internet sites visited, and that DSB Technology Consultants may review this list to insure appropriate use.
- If I have any questions about the aforementioned agreement or encounter problems with my equipment/computer, I will contact my Vocational Rehabilitation Counselor, Independent Living Rehabilitation Counselor or Social Worker for the Blind whose name and telephone is listed below.

I understand that ownership of this equipment may be transferred to me when my Individualized Plan for Employment (IPE), Independent Rehabilitation Living Plan (ILP) or Independent Living Services Program Assessment and Plan (ILSPAP) is completed and the equipment is being used for the intended purpose.

I also understand that the equipment/computer, or any part of the equipment/computer, shall be surrendered to DSB, if my IPE, ILP, or ILSPAP under which these items 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 occupation (VR) or training (ILP or ILSPAP).

Individual Date _____

Individual Representative as required _____

VR or ILR Counselor or Social Worker _____ Date _____

VR or ILR Counselor or Social Worker Office Telephone _____



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 Individualized Plan for Employment, Independent Living Services Program Assessment and Plan or Independent Living Plan under which these items were furnished is completed and I have met all of the following conditions:

- I am successfully employed and the equipment is being used by me in connection with my occupation and the employment is stable.
- 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 _____

Counselor _____ Date _____