

* Indicates a required field

CONSUMER INFORMATION

| | |
|-----------------|---------------|
| * Consumer Name | * Case Number |
|-----------------|---------------|

ITEM INFORMATION

| |
|---|
| * Location of Item(s) |
| * Category of items <i>(select one, complete a separate form for each category of equipment received)</i> |

Description of item(s)

| *Item | *Serial Number | * Depreciation Date (MM/YY) | * Value of Item |
|-------|----------------|-----------------------------|-----------------|
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* THE ABOVE DESCRIBED ITEM(S), PAID FOR WITH FEDERAL FUNDS, WAS/WERE DELIVERED TO THE ABOVE NAMED INDIVIDUAL ON:

TERMS AND CONDITIONS

As the consumer who received the item(s) listed above, I hereby acknowledge receipt of the item(s) and agree to the following terms:

1. I shall not sell, assign, exchange, abandon or otherwise dispose of these item(s) prior to the expiration of this agreement.
2. I shall not use or permit use of said equipment for any unlawful purpose.
3. I agree to periodic inspection of the item(s) by an authorized agent of the agency.
4. I agree to pay any and all taxes, fees, insurance, and operating expenses unless otherwise stated in writing. I also agree to pay all costs to maintain the equipment in good working condition, except costs associated with ordinary wear, tear and deterioration. OVR shall not be liable to replace any lost, damaged, or stolen items.
5. Use of the item(s) is governed by Kentucky law and the Commonwealth does not waive any claim it may have to sovereign immunity. All claims of injury or damages against OVR arising out of the use or misuse of the item(s) shall be brought in accordance with [KRS Chapter 49.040 et. seq.](#)
6. I shall notify OVR if I cease to use the item(s) or no longer need the item(s) before the depreciation date and shall be required to return the item(s) to OVR. Failure to comply with this term shall constitute a breach of this agreement and shall cause all liability for the item(s) to revert to me.

The following additional terms apply to items with a value over \$5,000:

7. In the event of my death or incapacity prior to the depreciation date, my estate is legally obligated to return the item(s) to OVR. Consumer agrees that his/her estate will notify OVR of the death or incapacity and arrange return of the equipment.
8. Upon depreciation date(s) listed above, ownership of the item(s) shall transfer to me and I shall be solely liable for any and all claims arising from the use of the item(s) from this date forward.

Consumer Signature

Date

OVR Representative Signature

Date

Nondiscrimination Statement: The Kentucky Office of Vocational Rehabilitation does not discriminate on the basis of race, color, national origin, sex, age, religion, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.