

Utah State Office of Rehabilitation Equipment Receipt Agreement

Client Name:
Telephone:
Address:

Make:
Model:
Serial#:
Delivery Date:

I, the undersigned, acknowledge that on this date I received from the Utah State Office of Rehabilitation (USOR) the tools, equipment, or supplies listed below and that said items are in good condition. The listed tools, equipment, or supplies are being provided for the sole purpose of my vocational training and/or my employment and are:

- property of the State of Utah, in which case I agree to return this equipment to USOR if:
 - a. I no longer use the equipment in connection with my training and/or my employment;
 - b. the equipment is no longer of significant benefit to my training and/or my employment; or
 - c. my Vocational Rehabilitation Counselor requests I return the equipment.
- released to my ownership for the following reason(s):
 - The value of the equipment is \$500 or less;
 - The equipment is being used to support me in a successful employment outcome;
 - The equipment is customized to meet my individual rehabilitation needs and cannot be reissued;
 - The equipment is affixed to a structure, vehicle, or other item and would require significant labor to remove.

DESCRIPTION:

PURCHASE PRICE: \$

Upon receipt of equipment belonging to the State of Utah I understand and agree to the following terms and conditions:

- (1) I may not dispose of, sell, trade, or give this property to another individual without the express written permission of the Utah State Office of Rehabilitation.
- (2) I understand that to sell or pawn this state property without express written permission of the Utah State Office of Rehabilitation may result in misdemeanor charges against me.
- (3) I agree to cooperate with USOR in their monitoring of my use of this property, including efforts to determine the condition of the property and my continued need for the property. I further agree to promptly return the property to USOR upon request.
- (4) If this property is lost or stolen I will report it to the appropriate authorities, (law enforcement), and my USOR Vocational Rehabilitation Counselor. I understand that USOR is not responsible for replacement of lost or stolen items and consideration of replacement is at USOR's discretion.
- (5) I am responsible for maintaining, repairing, and/or replacing this property in the event of damage or loss.
- (6) This equipment will be permanently released to me at successful case closure if I am still using it to support my employment.
- (7) I certify that I have read and will comply with the above statements.

Client Signature: _____ **Date:** _____

Parental Signature (Unmarried Minors): _____