



# Acceptance Agreement Form

Client Name: \_\_\_\_\_

The following equipment authorized by Nebraska VR has been received:

Description	Model	Serial Number	Cost

### Your Responsibilities –

**OWNERSHIP** – This equipment is on loan to me for the purpose of completing my Individualized Plan for Employment. If at any time my case is terminated or I am no longer using the equipment for the agreed upon job goal, I will return the equipment to Nebraska VR.

Ownership of this equipment will automatically transfer to me at the time my case is closed successful if the current market value is less then \$5,000.

If the current market value of the equipment is greater than \$5,000, Nebraska VR retains a vested interest. If I sell equipment in which Nebraska VR retains a vested interest I will forfeit to Nebraska VR its share of the current market value or the proceeds from the sale.

**WARRANTY** – I am responsible for requirements to prevent any breach of warranty/guarantee, including completing any manufacturer warranty forms, in order to keep the manufacturer’s warranty in effect at all times.

**MAINTENANCE** – I am responsible for maintenance necessary to keep the equipment in good working condition, for following the manufacturer’s operating instructions, and protecting the equipment from loss, damage, or theft. I am responsible for all maintenance and repairs of the equipment.

**REUSE** – If I am no longer receiving services from VR, and no longer need or can use the equipment, I will contact the Assistive Technology Partnership’s statewide ReUse Network at 877-713-4002.

I understand my responsibilities and agree to them.

Client/Authorized Representative Signature	Date	Nebraska VR Signature	Date
X		X	
ATP Signature (if appropriate)	Date		
X			