



ODHH Office of the Deaf and Hard of Hearing

TED Client Contact Report

CLIENT'S NAME			
COMPLEX OR FACILITY NAME			<input type="checkbox"/> New address
ADDRESS	CITY	STATE WA	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)		EMAIL ADDRESS	
Equipment Issued (check all that apply to this appointment)			
COMMUNICATION DEVICE			
<input type="checkbox"/> AMP <input type="checkbox"/> XL45 <input type="checkbox"/> XL50 <input type="checkbox"/> Cordless <input type="checkbox"/> CAP <input type="checkbox"/> TTY <input type="checkbox"/> RCS <input type="checkbox"/> Other:			
Equipment installed: S/N _____ / TAS Tag _____			<input type="checkbox"/> R
SIGNALING DEVICE			
<input type="checkbox"/> LRS <input type="checkbox"/> ARS <input type="checkbox"/> OPS <input type="checkbox"/> Other:			
Equipment installed: S/N _____ / TAS Tag _____			<input type="checkbox"/> R
ACCESSORIES			
<input type="checkbox"/> Air Switch <input type="checkbox"/> Pillow Switch <input type="checkbox"/> Headset <input type="checkbox"/> Lapel Microphone <input type="checkbox"/> Neckloop <input type="checkbox"/> Other:			
Equipment installed: S/N _____ / TAS Tag _____			<input type="checkbox"/> R
EQUIPMENT RETURNED			
Device: _____ S/N _____ / TAS Tag _____			
Device: _____ S/N _____ / TAS Tag _____			
Service Provided (check all that apply to this appointment)			
<input type="checkbox"/> First Time Training	<input type="checkbox"/> Assessment	<input type="checkbox"/> Exchange Equipment	<input type="checkbox"/> Delivery Only
<input type="checkbox"/> Hourly Training	<input type="checkbox"/> Troubleshooting	<input type="checkbox"/> Return Equipment	<input type="checkbox"/> No show
NOTES			
TRAINER SIGNATURE		DATE	
		TED APPROVAL (WHEN NECESSARY)	
		DATE	

TED Client Contact Report

CLIENT'S NAME

DATE

Travel Log

FROM:	TO:	MILES	TRAVEL TIME (MINUTES)
TOTAL			HRS. MINS. :

Travel Expenses

Meals \$	Toll bridge \$	Car rental \$	Train \$	Lodging \$
Parking \$	Ferry \$	Airfare \$	Bus \$	

Training Summary

START TIME TRAINING	<input type="checkbox"/> AM <input type="checkbox"/> PM	END TIME TRAINING	<input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL TIME TRAINING:	HOURS MINUTES :
INTERPRETER SERVICES					
<input type="checkbox"/> Phone translation services – dates used: _____					
<input type="checkbox"/> Interpreter needed: <input type="checkbox"/> ASL <input type="checkbox"/> Spoken <input type="checkbox"/> Language: _____					
INTERPRETER AGENCY			INTERPRETER NAME		

NOTES

Travel Notes