



# National Deaf-Blind Equipment Distribution Program (NDBEDP)

(800) 422-7930 V/TTY

(360) 902-8000 V/TTY

(360) 902-0855 FAX

(360) 339-7382 VP

E-mail: [ndbedp@dshs.wa.gov](mailto:ndbedp@dshs.wa.gov)

Web: [www.dshs.wa.gov/odhh/Telecommunications/NDBEDP/NDBEDP.shtml](http://www.dshs.wa.gov/odhh/Telecommunications/NDBEDP/NDBEDP.shtml)

## User Agreement

Name
Home Phone Number (     )
Message Phone Number (     )
Delivery Location
E-Mail Address
Appointment Date

Appointment Time

AM  PM

## Conditions

Below is a statement that explains your responsibilities as a recipient of equipment through the NDBEDP program. Please read the statement carefully and sign below. If you have any question, please ask your trainer or contact ODHH.

**The equipment being issued to you is intended to be used to access telecommunication services.**

I understand that:

- The cost of any service plans such as wireless or broadband services is my responsibility and will not be paid for or reimbursed by ODHH or the NDBEDP.
- I must protect the equipment from damage caused by rain, heat, physical abuse and negligence.
- If I misuse the equipment, I may not receive replacement equipment
- If the equipment is lost, I will report it to ODHH.
- If the equipment is stolen, I will file a police report and provide a copy of that police report to ODHH
- I cannot sell, pawn, or loan the equipment to anyone for any reason.

USER AGREEMENT

DSHS 11-094 LP (REV. 04/2014)

- If the equipment / software assigned to me is broken or not working right, I am responsible to contact ODHH to request repair under warranty. Once the warranty expires, the cost to repair will be my responsibility. (See attached NDBEDP FAQ for more information).
- If I move from my current address, I will notify ODHH of my new address and phone number.
- If I violate this user agreement I may be required to return the equipment and possibly be denied further participation in the program.

<b>Equipment Type</b>	<b>Serial Number</b>	<b>NDBEDP Tag Number</b>

**I, the undersigned, have read and agree to the above User Agreement.**

Client's Signature	Date
Relationship to Client (if different)	
TED Trainer or Staff Signature	
Date	