

Instructions for filling out this form:

Requester Information

1. **Person Requesting Induction Loop System.** What is the name person that is requesting an induction loop system installation? Insert the name of the requesting the induction loop system installation.
2. **Date of Request.** Insert the date that requester fills out this form.
3. **Telephone Number.** Provide the telephone number of the person requesting the induction loop system installation.
4. **Agency.** Check box if the requester represents a DSHS agency. If this is not a DSHS agency, check the "other" box and specify which agency or organization the requester represents.
5. **DSHS Administration / Division.** Insert name of DSHS administration / division.
6. **Agency Address.** Insert physical address of the agency including city / state / zip.

Installation information

7. **Date of expected Installation.** Provide date of when the induction loop system should be installed. Please note, we encourage advance notice to give vendor sufficient time to plan for the conference/meeting. We recommend 25 days advance notice for permanent and temporary loop system installations.
8. **Scheduled Start Time.** Provide time the conference or meeting is scheduled to start.
9. **Scheduled End Time.** Provide time the conference or meeting is scheduled to end.
10. **Conference / Meeting Site Address.** Provide address where the conference / meeting will be held. Vendor will need this information to schedule a site visit and perform an assessment of the room.

Provide Information Relating to the Conference / Meeting Room:

11. **Facility Contact Person.** Provide name of the person at the facility where the conference / meeting is being held.
12. **Telephone Number.** Provide the phone number of the Facility Contact Person.
13. **Date(s) of Conference / Meeting.** Provide dates when the conference / meeting will be held.
14. **Conference / Meeting Schedule.** Attach or provide conference/meeting schedule including activities such as breakout room discussions or remote video presentations.
15. **Room Size.** Provide measured room size. This assists the induction loop system installer to plan and bring sufficient wiring to accurately install the induction loop system.
16. **Number of Tables / Chairs.** Provide an approximate number of expected tables or chairs that will be set up in the room.
17. **PA System with Speakers.** Does Facility have an existing PA system or speaker system? If yes, please provide brand name if possible.
18. **Number of Microphones Needed.** Provide an estimated number of microphones for the conference/meeting. The vendor will need to know how many microphones will be needed for the presenter and the general audience.
19. **CART Services.** Please indicate if you will be providing CART Services at this event for people with a hearing loss.
20. **Remote Presenter.** Provide information on whether or not you plan to connect to a remote presenter via video from a laptop. The vendor will need to ensure that the audio from the presenter is connected into the induction loop system.
21. **Videoconference.** Provide information on whether or not videoconference will be involved at this conference / meeting. Vendor needs to ensure that audio from the videoconference is connected into the induction loop system.
22. **Number of people requesting reasonable accommodation.** Provide information on a numbers of people attending the conference or meeting that have requested reasonable accommodation and the type of accommodation requested. For example, some participants may request ASL interpreters, CART services, induction loop or FM systems to ensure communication access at the conference/meeting is accessible.
23. **Explain Conference / Meeting Activities.** Provide information about the conference/meeting activities such as breakout group discussions, presenter engagement with several groups at tables or activities involving physical activity during group discussions.
24. **Name of contact Person (other than Requester).** If the requester prefers that the vendor contact a staff member or assistant at the facility, please provide the name of that person.
25. **Contact telephone number.** Provide phone number of the contact person requester prefers that the vendor contact.

Expected Goals of Usage

26. **Explain Expected Goals of the induction Loop System usage.** Provide goals expected from the induction loop system usage for this conference / meeting.
27. **Requester's Signature.** Requester is required to sign and date this section to authorize ODHH to proceed with the induction loop system installation request. Requester may cancel within 48 hours of the date of the conference/meeting. Failure to cancel this request may result charges billed to requester's agency by the vendor.

When completed filling out Items above 1 - 27, email this form to ACT Program Manager at steven.peck@dshs.wa.gov or Fax to (360) 725-3456.

Agency requesters do not write below this line. The ODHH ACT Program Manager and agency requester complete the following Items 1 - 15.

Vendor Assignment

1. **Name of Vendor.** Insert the name of the Induction Loop System Vendor who is performing the assessment and installation
2. **Area of Expertise.** Provide information on Induction Loop System expertise and skills needed to perform the assessment and induction loop system installation.
3. **Vendor telephone Number.** Provide Vendor phone number.
4. **Email.** Provide Vendor email address.
5. **Site Assessment notes.** The vendor will provide the conference/meeting assessment notes to ensure that the conference/meeting room is an appropriate room for the induction loop system installation.
6. **Vendor recommendations.** Vendor will make recommendations based on the site assessment

Assignment Summary

7. **Installation Date.** The date the induction loop system vendor will set up and install the induction loop system.
8. **Start Time.** The start time the vendor agrees to set up and install the induction loop system.
9. **End Time.** The End time the vendor agrees to take down and uninstall an temporary induction loop system. For permanent loop systems, end time is the actual time the vendor completes the installation of the permanent loop system.
10. **Total Time.** This is the estimated total time the vendor will work to set up and install an induction loop system.
11. **Contractor Assignment.** Check off the type of assignment given to the vendor for this conference / meeting.
12. **Notes.** This is an area where contractor may wish to add notes about this assignment after site assessment has been completed.
13. **ACT Program Notes.** The ACT Program Manager completes this area if necessary.
14. **Contractor / ODHH Approval Signatures.** Both the contractor and ODHH ACT Program Manager must sign and date this form. This indicates that contractor has agreed to perform the induction loop system installation services and that ODHH approves the contractor's assessment and recommendations.
15. **Verification Information.** This section is to be completed by the agency requester to validate that ACT program Services were provided and completed. Verification is completed with requesters signature and date.