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|  | | AGING AND LONG-TERM SUPPORT ADMINISTRATION  OFFICE OF THE DEAF AND HARD OF HEARING  **Assistive Communication Technology (ACT)  Contractor Assignment Report** | | | | | | | | | | | | | | | | | | | | | |
| AGENCY / DIVISION | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number (include area code) **(     )**  Voice  VP  TTY  TEXT | | | | | | | | | | | | | EMAIL ADDRESS | | | | | | | | | | |
| **Assignment Summary** | | | | | | | | | | | | | | | | | | | | | | | |
| APPOINTMENT DATE | | | START TIME | | | | AM  PM | | | END TIME | | | | AM  PM | | **TOTAL** TIME: | | | | | | HOURS MINUTES | |
| **Contractor Assignment (check all that apply to this appointment)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Number of Hours | | | | | |  | | | | | | | | Number of Hours | | | |
| Loop System Assessment | | | | | |  | | | | | | Staff Training | | | | | | | |  | | | |
| FM system Installation | | | | | |  | | | | | | Maintenance / Repair | | | | | | | |  | | | |
| Permanent Loop System Installation | | | | | |  | | | | | | Return equipment / exchange | | | | | | | |  | | | |
| Temporary Loop System Installation | | | | | |  | | | | | |  | | | | | | | | | | | |
| ACT EQUIPMENT ASSIGNMENT NOTES | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRACTOR’S SIGNATURE DATE | | | | | | | | | | | | PRINTED NAME | | | | | | | | | | | |
| **ACT Equipment Assigned to Agency** | | | | | | | | | | | | | | | | | | | | | | | |
| Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N | | | | | | | | | | | | | | | | | | | | | | | |
| **ACT Equipment Returned from Agency** | | | | | | | | | | | | | | | | | | | | | | | |
| Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N  Model:  ACT Tag  S/N | | | | | | | | | | | | | | | | | | | | | | | |
| ACT PROGRAM SIGNATURE DATE | | | | | | | | | | | | PRINTED NAME | | | | | | | | | | | |
| ODHH PROGRAM MANAGER NOTES | | | | | | | | | | | | | | | | | | | | | | | |
| **Contractor Travel Summary** | | | | | | | | | | | | | | | | | | | | | | | |
| **Travel Log** | | | | | | | | | | | | | | | | | | | | | | | |
| FROM: | | | | | | | | TO: | | | | | | | | | | MILES | | | | | TRAVEL TIME (MINUTES) |
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| TOTAL | | | | | | | | | | | | | | | | | |  | | | | | HRS. MINS.  **:** |
| **Travel Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| Meals  **$** | | | | Toll bridge  **$** | | | | | Car rental  **$** | | | | | | Train  **$** | | | | Lodging  **$** | | | | |
| Parking  **$** | | | | Ferry  **$** | | | | | Airfare  **$** | | | | | | Bus  **$** | | | |
| TRAVEL NOTES | | | | | | | | | | | | | | | | | | | | | | | |
| **Interpreter Services** | | | | | | | | | | | | | | | | | | | | | | | |
| ASL  **$** | Tactile  **$** | | | | Captioning  **$** | | | | | | Spoken Language  **$** | | | | | | VRI  **$** | | | | Other  **$** | | |
| INTERPRETER NOTES | | | | | | | | | | | | | | | | | | | | | | | |