|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | AGING AND LONG-TERM SUPPORT ADMINISTRATION  OFFICE OF THE DEAF AND HARD OF HEARING  ASSISTIVE COMMUNICATION TECHNOLOGY (ACT)  **ACT Program Service Request / Work Order for Induction Loops** | | | | | | | | | | | | | | |
| **Requester Information: Completed by Requester** | | | | | | | | | | | | | | | | |
| 1. PERSON REQUESTING INDUCTION LOOP SYSTEM | | | | | | | | | 2. DATE OF REQUEST | | | | 3. TELEPHONE NUMBER | | | |
| 4. AGENCY  DSHS  Other (specify): | | | | | | | | | 5. DSHS ADMINISTRATION / DIVISION | | | | | | | |
| 6. AGENCY ADDRESS | | | | | | | | | | | | | | | | |
| **Installation Information** | | | | | | | | | | | | | | | | |
| 7. DATE OF EXPECTED INSTALLATION | | | | | | 8. SCHEDULED START TIME  AM  PM | | | | | | 9. SCHEDULED END TIME  AM  PM | | | | |
| 10. CONFERENCE / MEETING SITE ADDRESS | | | | | | | | | | | | | | | | |
| **Please Provide Information Relating to the Conference Room, if applicable** | | | | | | | | | | | | | | | | |
| 11. FACILITY CONTACT PERSON | | | | | | | | | 12. PHONE NUMBER | | | | | | | |
| 13. DATE(S) OF CONFERENCE / MEETING | | | | | | | | | 14. CONFERENCE / MEETING SCHEDULE (ATTACH) | | | | | | | |
| 15. ROOM SIZE | 16. NUMBER OF TABLES / CHAIRS | | | | | | 17. PA SYSTEM WITH SPEAKERS | | | | 18. NUMBER OF MICROPHONES NEEDED | | | | | |
| 19. CART SERVICES | | | | 20. REMOTE PRESENTER | | | | | 21. VIDEOCONFERENCE | | | | | | 22. NUMBER OF PEOPLE REQUESTING REASONABLE ACCOMMODATION | |
| 23. EXPLAIN CONFERENCE / MEETING ACTIVITIES | | | | | | | | | | | | | | | | |
| 24. NAME OF CONTACT PERSON (OTHER THAN REQUESTER) | | | | | | | | | | 25. CONTACT TELEPHONE NUMBER | | | | | | |
| **Expected Goals of Usage** | | | | | | | | | | | | | | | | |
| 26. EXPLAIN EXPECTED GOALS OF THE INDUCTION LOOP SYSTEM USAGE | | | | | | | | | | | | | | | | |
| 27. REQUESTER’S SIGNATURE DATE | | | | | | | | | | | | | | | | |
| When completed filling out Items above 1 - 27, email this form to ACT Program Manager at [steven.peck@dshs.wa.gov](mailto: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: Completed by ODHH ACT Program Manager and Agency Requester** | | | | | | | | | | | | | | | | |
| 1. NAME OF VENDOR | | | | | | | | | | | | | | | | |
| 2. AREA OF EXPERTISE | | | | | | 3. VENDOR TELEPHONE NUMBER | | | | | 4. EMAIL | | | | | |
| 5. SITE ASSESSMENT NOTES | | | | | | | | | | | | | | | | |
| 6. VENDOR RECOMMENDATIONS | | | | | | | | | | | | | | | | |
| **Assignment Summary** | | | | | | | | | | | | | | | | |
| 7. INSTALLATION DATE | | | 8. START TIME  AM  PM | | | | | 9. SCHEDULED END TIME  AM  PM | | | | | | 4. HOURS MINUTES  **TOTAL TIME:       :** | | |
| **Contractor Assignment (check all that apply to this appointment)** | | | | | | | | | | | | | | | | |
| **11.** | | | | | **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 | | | | |  | | | |  | | | | | | | |
| 12. NOTES | | | | | | | | | | | | | | | | |
| 13. ACT PROGRAM NOTES | | | | | | | | | | | | | | | | |
| 14. CONTRACTOR’S SIGNATURE DATE | | | | | | | | | ODHH APPROVAL SIGNATURE DATE | | | | | | | |
| **15. Service Verification Information: Completed by Conference / Meeting Requester** | | | | | | | | | | | | | | | | |
| **SERVICE** | | | | | | | | | | | | | | | | |
| Was this service completed?  Yes, complete VERIFICATION section below.  No, explain reason why this services was note completed: | | | | | | | | | | | | | | | | |
| **VERIFICATION** | | | | | | | | | | | | | | | | |
| CONFERENCE / MEETING REQUESTER’S SIGNATURE DATE | | | | | | | | | | | | | | | | |