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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATIONOFFICE OF THE DEAF AND HARD OF HEARINGASSISTIVE 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 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 |