

Kentucky Office of Vocational Rehabilitation

Equipment Recovery/Disposal Form

Instructions

The purpose of this form is to recover items, such as equipment, that is not being used any longer by a consumer and potentially transfer it to another consumer who can use it as part of their vocational plan.

Consumer Information

Consumer Name

Enter the first and last name of the consumer

Date

Enter the date that the form was filled out using MM/DD/YYYY format

Counselor

Enter the first and last name of the counselor who is working with the consumer

Case Number

Enter the six-digit case number of the counselor

Caseload

Enter the six-digit caseload number of the counselor

Equipment Information

Item

Enter the name of the item

Purchase Date

Enter the date it was purchased

Purchase Price

Enter the price of the item

Condition

Select the condition of the item at the time this form was filled out

For items to be disposed, please explain below

Please explain the space provide if an items is in too poor of a condition to be used and must be disposed

Address where equipment to be recovered is located

Enter the address where the equipment can be found or located

Comments

Please enter any comments and information not covered in the previous questions