

OVR-10
7/2022

DEPARTMENT OF WORKFORCE DEVELOPMENT
OFFICE OF VOCATIONAL REHABILITATION
RECEIPT AND TRANSFERABLE ITEMS AGREEMENT

CONSUMER NAME:

CASE NUMBER:

LOCATION OF ITEMS:

DESCRIPTION OF ITEM(S):

THE ABOVE DESCRIBED ITEM(S), (SERIAL NUMBER),
WAS/WERE DELIVERED TO THE ABOVE NAMED INDIVIDUAL ON THIS
DATE .

COUNSELOR SIGNATURE

DATE

- I HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE ITEM(S) AND AGREE TO THE FOLLOWING TERMS.
- I AGREE NOT TO SEE, EXCHANGE, OR OTHERWISE DISPOSE OF SAID ITEM(S) PRIOR TO THE EXPIRATION OF THIS AGREEMENT.
- THE USEFUL LIFE EXPECTANCY FOR THIS ITEM(S) IS YEARS.

- THE DEPRECIATION DATE FOR THIS/THESE ITEM(S) IS
- I UNDERSTAND THAT IF I SHOULD CEASE TO USE THE DESCRIBED ITEM(S) BEFORE THE EXPIRATION DATE, THEN TITLE AND SAID USE OF ITEMS SHALL REVERT TO THE AGENCY.
- I UNDERSTAND THAT IN THE EVENT OF MY DEATH OR INCAPACITY, THE TITLE AND POSSESSION OF THE DESCRIBED ITEM(S) WITH REVERT TO THE AGENCY.
- I UNDERSTAND THAT UNLESS NOTIFIED IN THE WRITING TO THE CONTRARY, PAYMENT OF ANY AND ALL TAXES, FEES, INSURANCE, AND OPERATING EXPENSES (INCLUDING BUT NOT LIMITED TO, REPAIRS AND MAINTENANCE) SHALL BE MY RESPONSIBILITY.
- I AGREE TO PERIODIC INSPECTION OF ALL ITEM(S) BY AN AUTHORIZED AGENT OF THE AGENCY.

SIGNATURE OF CONSUMER

DATE

SIGNATURE OF WITNESS

DATE

The Kentucky Office of Vocational Rehabilitation does not discriminate on the basis of race, color, national origin, sex, age, religion, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.