

DEPARTMENT OF VETERANS AFFAIRS
Regional Office & Insurance Center
Vocational Rehabilitation and Employment Division
PO Box 13136
Philadelphia PA 19101-3136

ACKNOWLEDGEMENT OF UNDERSTANDING

I acknowledge that I have received the following equipment:

I, Mr. **Veteran's name** , understand and agree:

1. That the computer equipment that I have received is the sole and exclusive property of the Department of Veterans Affairs Regional Office and Insurance Center, Philadelphia, PA.
2. This equipment is loaned to me for the purpose of training under the provisions of Chapter 31, Title 38, United States Code.
3. That I am the only authorized user of this equipment, and that I will take reasonable care of it while in my possession.
4. That if I am discontinued from training for any reason, I may assume an indebtedness to the VA for part or all of the total purchase price of this equipment.
5. I do not already have in my possession any of the above-listed supplies which are usable and available for my use in my rehabilitation program.
6. Upon completion of my Chapter 31 Vocational Rehabilitation program, and being placed into a Rehabilitated status by my case manager, ownership of this equipment will transfer from the Department of Veterans Affairs Regional Office and Insurance Center to this Authorized User.

Veteran's Name _____ **Date:** _____
