

**SUPPORT SERVICES ADAPTIVE EQUIPMENT USE GUARANTEE  
AND PROMISSORY NOTE  
Family**

I/We, \_\_\_\_\_, the family of \_\_\_\_\_, an individual served by the \_\_\_\_\_ (Support Services Brokerage), understand that the equipment described below is being provided by this Brokerage solely to allow me/us to support our relative in the family home. I (We) guarantee that it will be used only for that purpose.

I (We) will notify the \_\_\_\_\_ Brokerage in writing if the equipment can no longer be used or is no longer needed for any reason. I/We promise not to sell, dispose of--or allow anyone else to sell or dispose of--this equipment in the next \_\_\_\_\_ years without the written approval of the \_\_\_\_\_ Brokerage. I/We further promise to pay/repay the Brokerage up to the full cost of the equipment shown below if the conditions in this guarantee are not maintained and repayment is requested. If my/our child no longer needs the equipment and it is still usable, I/We will cooperate with the Brokerage in transferring ownership to someone who needs it.

**Equipment Description\***

Item	Make	Model	Cost

\* A copy of a completely detailed receipt may be attached in lieu of a this description.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed in my presence:

Personal Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_