**OVR VAN MODIFICATION UNDERSTANDINGS**

Please do not replace your present vehicle, or buy or agree to buy any vehicle, until you discuss it with OVR and have completed a driving evaluation.

The Office of Vocational Rehabilitation’s (OVR) vehicle modification process requires significant coordination between the customer, OVR counselor, OVR Transportation Services Coordinator (TSC), vehicle modification evaluator, and vehicle modification provider. It also requires significant financial investment by the customer and OVR.

As a result, there are very specific processes which must be adhered to in order to ensure all policies, bid processes, and regulations are followed. To receive vehicle modification services, all parties must follow the process outlined in OVR Numbered Memo, Driving and Vehicle Services. If you have questions about vehicle modification services or the vehicle modification process, please contact OVR prior to taking any action.

In recognition of the complexities of the vehicle modification process, OVR has assigned a single individual in each OVR district office to serve as TSC. The TSC will manage your vehicle modification process beginning with the driver evaluation and ending when the finished vehicle is released to you. Your TSC is your main contact person.

This handbook is designed to provide you with basic information about the process, which can take several months to complete depending upon the amount of custom work required.

Your TSC is: ____________________________________________

Phone: _______________________________________________

Email: ________________________________________________
Acknowledgement of OVR Van Modification Understandings

Customer Name: ____________________________ Case ID: ______

Address: ____________________________ Date: ______

Please review the following information and sign and date this form indicating you have received information pertaining to OVR’s policies, procedures, and customer responsibilities regarding the procurement of vehicle modifications.

At this time, I am requesting Vehicle Modification Services to be purchased by OVR. I understand my receipt of such services is subject to the following (please initial each item after review):

1. _____ As a customer of OVR seeking vehicle modification services, I agree I will not move forward with any vehicle modification services without prior authorization from OVR, or make an arrangement with a vehicle modification provider to modify a vehicle.

2. _____ As a customer of OVR seeking vehicle modification services, I agree I will not purchase a vehicle prior to notification to proceed from OVR.

3. _____ I recognize my OVR counselor will provide me with the opportunity to complete a driver’s evaluation, and the driver’s evaluation is a required part of the OVR vehicle modification process. I further recognize my OVR counselor will receive the results of the driver’s evaluation and, based upon those results, determine if I am eligible to receive vehicle modification services through OVR and notify me in writing of the determination.

4. _____ I recognize if I have questions about the vehicle modification process, I should direct the questions to my TSC.

5. _____ I agree to cooperate with any necessary medical and driving evaluations related to my motor vehicle modifications and arranged by OVR.

6. _____ I agree to undertake and complete any special driving instruction program recommended and arranged by OVR in connection with my motor vehicle modifications.

7. _____ I understand any vehicle I provide needs to be suitable for prescribed modifications. I further understand if the vehicle I provide is used, I will be responsible for correcting any deficiencies.

8. _____ I understand if I provide a used van, it will have been driven less than the maximum age and mileage dictated by conversion manufacturers.

9. _____ I agree to provide a new or used vehicle with a current Pennsylvania State Inspection Sticker.

10. _____ I understand OVR will purchase the minimum modifications necessary meet my modification needs.

11. _____ I agree to make at least one visit to the shop during the modification process for custom fitting, thereby assuring proper placement of the equipment.

12. _____ I understand OVR does not license the manufacturers, providers, or installers of motor vehicle modification equipment.

13. _____ I understand modifications may represent a permanent structural change to the vehicle,
and OVR will not be responsible for removing the modifications from the vehicle, restoring the vehicle to its original condition, or making changes to, repairing or retrofitting any equipment it purchases for me.

14._____ I understand OVR cannot and does not make warranties regarding the equipment it may arrange to purchase, and that any and all warranties, whether expressed or implied, are the sole responsibility of the providers, manufacturers, and installers of the motor vehicle modification equipment.

15._____ I understand all parts and labor associated with the equipment shall be warranted by the provider for a minimum of one year from the date of the final checkout or in accordance with the manufacturer's standard warranty, whichever is greater.

16._____ I understand in order to uphold the manufacturer’s warranty, I must maintain the manufacturer’s maintenance schedule.

17._____ I understand OVR must utilize a competitive bidding process for the selection of a provider to modify my vehicle and OVR will authorize funds only through the lowest bidder. I further understand I will choose the providers to be solicited for bids provided they are on the Approved Provider List and capable of installing and servicing all components of the prescription.

18._____ I understand if, when purchasing a new vehicle, I am offered a cash reimbursement, a mobility rebate, or cash incentive by the manufacturer to help cover the cost of modifications, the reimbursement will be used to reduce OVR’s cost for the modifications. The rebate will be applied against the cost of modifications regardless of obligations imposed by the Financial Needs Test. This reimbursement must be paid directly to the modifier.

19._____ I understand if I have the air bag in my vehicle disconnected, or a switch or other mechanism installed to disable an air bag, it is my responsibility to obtain the National Highway Traffic Safety Administration (NHTSA) waiver and provide a signed copy to OVR.

20._____ I understand the purchase of vehicle modifications is an investment by the Commonwealth of Pennsylvania. OVR will file a lien for the amount OVR expends in modifying the vehicle. If, during the initial five years, I choose to dispose of the vehicle, OVR will use the straight-line depreciation method to establish the value of the modifications to reimburse OVR, and I will be responsible for reimbursing OVR for that amount. If I plan to transfer the title of the vehicle, or am involved in an accident with the vehicle, it is my responsibility to notify OVR.

21._____ I understand I will be required by OVR at the final checkout to execute a lien for this purpose, if applicable. I understand if OVR files a lien, I will not sell, assign, transfer, convey, mortgage, pledge or otherwise encumber or dispose of the equipment or any part of the equipment without written approval of OVR during the first five years.

22._____ In the event of my incapacitation or death, this agreement will apply to my heirs, personal representatives or successors.

23._____ I understand I will, at my own expense, keep and maintain the equipment in good repair for at least ten years, or 100,000 miles, beginning from the date the vehicle is released to me by OVR at the final checkout, and I will, at my own expense, maintain fire, theft, collision, uninsured motorist, and liability insurance coverage on the vehicle and the modification equipment purchased by OVR and document same at OVR’s request.
24. I understand this agreement and my questions have been answered by OVR personnel.
25. If I needed an alternative format, it has been provided to me.
26. I understand I have the right to have an attorney or other representative review these understandings.

My signature acknowledges I have reviewed this document with my TSC. Further, I have read and understood the information outlined above regarding the vehicle modification process available through OVR and wish to proceed with obtaining vehicle modifications through OVR at this time.

Customer Signature: ____________________________ Date: _____

Parent/Guardian/Responsible Party Signature (if applicable): ____________________________ Date: _____

Counselor Signature: ____________________________ Date: _____

Counselor Name: ____________________________

District Office: ______________ Email: ____________________________ Phone: ______________

Address: ____________________________