

INSTALLATION VERIFICATION FORM – to be submitted upon receipt of all items

Name of Apartment Community: _____

Date of TLC Installation: _____

Please answer the following questions by checking Yes/No where applicable:

Have you scheduled a TLC Orientation for your residents? Yes No

Have you established hours of operation for the center? Yes No

Are the hours of operation posted in a visible location? Yes No

Have you posted the Rules of Operation? Yes No

Have you updated your project’s insurance policy to include TLC equipment? Yes No

Have you secured tutors for the TLC? Yes No

Have you secured a local Internet Service Provider? Yes No

Have you installed parental controls? Yes No

Is the equipment in working condition? *Please list all items and use another page if necessary.*

Item Description	Quantity	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE SEND COMPLETED FORM TO:
CAHEC
7700 Falls of Neuse Road
Suite 200
Raleigh, NC 27615
FAX: 919.420.0019