

**COMPUTER/ELECTRONIC ACCOMMODATIONS PROGRAM (CAP)
PARTNERSHIP REPRESENTATIVE FORM**

This form establishes a partnership with the Department of Defense (DoD) Computer/Electronic Accommodations Program (CAP). The CAP mission is to provide assistive technology and accommodations to support individuals with disabilities and wounded, ill and injured Service members throughout the Federal Government in accessing information and communication technology.

In accordance with the National Defense Authorization Act of 2001, Section 1102, codified at Title 10, United States Code, Section 1582, "Assistive Technology Accommodations Program," the head of the Federal Executive Agency or Department listed below requests CAP to provide AT, AT devices, and AT services to its employees with disabilities or for accessibility of programs or facilities.

In accordance with Department of Defense Instruction (DoDI) 1000.31, Computer/Electronic Accommodations Program (CAP) and DoDI 6025.22, Assistive Technology (AT) for Wounded, Ill, and Injured Service Members, a partnering agency, DoD Component, Military Treatment Facility (MTF) or transition unit shall designate an appropriate individual to serve as the CAP Representative. The CAP Representative shall coordinate AT services, including needs assessments, requests and related services with the DoD CAP. The CAP Representative shall ensure verification of property receipt is provided to CAP, and record the transfer of property according to their organization's applicable policies.

This agreement will be effective upon acknowledgement of receipt by the Director, Defense Personnel and Family Support Center (DPFSC):

DoD Computer/Electronic Accommodations Program
Director, DPFSC
4800 Mark Center Drive, Suite 05E22
Alexandria, VA 22350

Voice: 833-227-3272
Fax: 703-697-5851
Email: cap@mail.mil

Either party may cancel this agreement with a thirty-day notification.

1. CAP REPRESENTATIVE CONTACT INFORMATION

a. ORGANIZATION *(Agency, DoD Component, MTF or Transition Unit)*

b. REPRESENTATIVE NAME *(Last, First, Middle Initial)*

c. TITLE

d. OFFICE/DUTY STREET ADDRESS

e. CITY

f. STATE

g. ZIP CODE

h. OFFICE/DUTY TELEPHONE/TTY
(Include area code)

i. FAX *(Include area code)*

j. EMAIL

2. APPROVING OFFICIAL

a. NAME *(Last, First, Middle Initial)*

b. TITLE

c. OFFICE/DUTY TELEPHONE/TTY *(Include area code)*

d. EMAIL

e. SIGNATURE

f. DATE SIGNED (YYYYMMDD)

Please email agreement to cap@mail.mil.