## NYC EARLY INTERVENTION PROGRAM ASSISTIVE TECHNOLOGY NOTIFICATION OF ITEM DELIVERY, CONDITION & STATUS

This form is required to document that the assistive technology device (ATD) has been delivered as authorized, and to document any issues with the device.

- The Individual Rendering Provider is responsible for completing this form with the parent **no later than one** (1) service sessions after the device has been delivered.
- The AT Agency Coordinator is responsible for sending this form to the child's Service Coordinator **no later than two (2) weeks** after the device has been delivered.
- Service Coordinators must fax this form to the NYC Assistive Technology Unit (NYC ATU) at 347-396-8967 within two 2 business days of receipt.
- The NYC ATU will notify the SDOH PCG Assistive Technology Coordinator within 1 business day when delivery, condition or status issues are identified.

Section A: The Individual Rendering Provider must complete this section when the child/family receives the ATD.		
Child's Name (Last, First):	EI #:	DOB:
Individual Rendering Provider's Name:	Credentials:	
Provider Agency:		
Source of Device(s): □Vendor □Dispensary		
Category of device and exact name:		
Date of receipt:/		
If item was purchased, was it received new? $\square$ Yes $\square$ No – ex		
Section B: The Individual Rendering Provider must complete the	nis section when t	here are issues or delivery
problems with the device.		
Indicate the issues that affected the successful provision and utilizat	ion of the authoriz	zed device:
<u>Delayed Delivery</u>		
$\Box$ The device was not delivered on the designated delivery date		
Indicate the scheduled delivery date://	<del></del>	
Incorrect/Incomplete Order		
$\Box$ Device received was not the device authorized $\Box$ Missing authorized	orized accessories	
		requested by Individual Rendering
Davies Condition		Provider
Device Condition  ☐ Poor fit ☐ Assembly problem		
Other		
	ndor disputa 🖂 (	Whar dasariba balayy
☐ Family refused device after authorization and/or provision ☐ Vendor dispute ☐ Other – describe below Provide a detailed description of the issue:		
Provide a detailed description of the issue:		
Parent/Caregiver Signature:		Date:/
Individual Pandaring Provider Signatures		Date: / /
Parent/Caregiver Signature:		Date:// Date://

## NYC EARLY INTERVENTION PROGRAM INSTRUCTIONS FOR COMPLETION ASSISTIVE TECHNOLOGY NOTIFICATION OF ITEM DELIVERY, CONDITION & STATUS

## **GENERAL DIRECTIONS**

This form is required to document that the ATD has been delivered as authorized, and to document any issues with the device.

- The Individual Rendering Provider is responsible for completing this form with the parent **no later than one** (1) service session after the device has been delivered.
- The AT Agency Coordinator is responsible for sending this form to the child's Service Coordinator **no later** than two (2) weeks after the device has been delivered.
- Service Coordinators must fax this form to the NYC Assistive Technology Unit (NYC ATU) at 347-396-8967 within two 2 business days of receipt.
- The NYC ATU will notify the SDOH PCG Assistive Technology Coordinator within 1 business day when delivery, condition or status issues are identified.

delivery, condition or state	us issues are identified.	
Section A: The Individual Rendering Provider must complete this section when the child/family receives the ATD.		
Child's name, EI #, DOB	Make sure that all identifying information is correct. The EI # is the number that appears at the top of the Child Homepage in NYEIS. Information must match NYEIS (do not use a nickname).	
Individual Rendering Provider name, discipline, and provider agency	Print the name, discipline (e.g. speech therapist, special educator), and provider agency of the Individual Rendering Provider who is completing the form.	
Source of the device	Indicate if the device was delivered by an ATD Vendor, or Dispensary.	
Category of device and exact name	Provide the category (e.g., seating, stander) and full brand name and model of the device received.	
Date of receipt	Provide the date the device was received.	
If item was purchased, was it received new?	Purchased items must be provided new from vendors. Reconditioned or refurbished used items are not acceptable.	
Section B: The Individual Renderi delivery problems.	ing Provider must complete this section when there are issues with the device or	
Please indicate any issues that may have affected the successful provision and utilization of the authorized device:  Delayed delivery Incorrect/incomplete order Device condition Other	Check as many issues as apply.	
Provide a detailed description of the issue	A full explaining is required for any issue indicated.	
Parent/caregiver signature, Individual Rendering Provider signature	The parent/caregiver and the Individual Rendering Provider are required to sign the form. Please include the Individual Rendering Provider's provider agency name and contact information.	