

**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.

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 Rendering Provider must complete this section when there are issues with the device or delivery problems.

Please indicate any issues that may have affected the successful provision and utilization of the authorized device: <u>Delayed delivery</u> <u>Incorrect/incomplete order</u> <u>Device condition</u> <u>Other</u>	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.