HCBS/FE ASSISTIVE TECHNOLOGY RECEIPT

CUSTOMER NAME:
PROVIDER / CONTRACTOR NAME:
DATE OF DELIVERY OR COMPLETION OF MODIFICATION (mm/dd/ccyy):
DATE OF DELIVERY OR COMPLETION OF MODIFICATION (IIIII/Idd/ccyy).
ITEM(s) / TECHNOLOGY / MODIFICATION PROVIDED:
COST OF ITEM / TECHNOLOGY / MODIFICATION: \$
CUCTOMED'S SIGNATUDE.
CUSTOMER'S SIGNATURE: