## NYS 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 or at time of delivery.
- The Individual Rendering Provider or AT Agency Coordinator, if applicable, 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 assistive technology contact or Early Intervention Official of their municipality within two 2 business days of receipt.
- The Assistive Technology contact or Early Intervention Official will forward this form to the PCG Assistive Technology Coordinator within 1 business day of receipt (fax: 1-518-935-9258 or email: ssinclair@pcgus.com).

## The Individual Rendering Provider must complete this section when the child/family receives the Assistive **Technology Device.** Child's Name (Last, First): EI #: DOB: Individual Rendering Provider's Name: Credentials: Provider Agency: Source of Device(s): Uvendor UHearing Aid/Vision Dispensary Category of device and exact name: Date of receipt: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ If item was purchased, was it received new? $\Box$ Yes $\Box$ No – explain in Section B Indicate the issues that affected the successful provision and utilization of the authorized device: Delayed Delivery □ The device was not delivered on the designated delivery date Indicate the scheduled delivery date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Incorrect/Incomplete Order $\Box$ Device received was not the device authorized $\Box$ Missing authorized accessories $\Box$ Needed accessories were not requested by Individual **Rendering** Provider Device Condition □Other $\Box$ Poor fit $\Box$ Assembly problem Training on the use of the device

Other
$\Box$ Family refused device after authorization and/or provision $\Box$ Vendor dispute $\Box$ Other – describe below
Provide a detailed description of the issue:

Parent/Caregiver did not receive adequate training on the use of the device

Device was delivered as ordered	□Parent/Caregiver received adequate training on the device	
Parent/Caregiver Signature:	Date://	
Individual Rendering Provider Signature:	Date://	

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

## **GENERAL DIRECTIONS**

GENERAL DIRECTIONS		
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 <b>no later than</b>		
one (1) service sessions after the device has been delivered or at time of delivery.		
The Individual Rendering Provider or AT Agency Coordinator, if applicable, 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 assistive technology contact or Early Intervention Official of		
the municipality within two 2 business days of receipt.		
The Assistive Technology contact or Early Intervention Official will forward this form to the PCG Assistive		
Technology Coordinator within 1 business day when adverse delivery, condition or status issues are		
identified.		
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 in NYEIS/KIDS. Information must match NYEIS/KIDS (do not use a nickname).	
Individual Rendering Provider	Print the name, discipline (e.g. speech therapist, special educator), and provider	
name, discipline, and provider	agency of the Individual Rendering Provider who is completing the form.	
agency		
Source of the device	Indicate if the device was delivered by an ATD Vendor, or Dispensary.	
Category of device and exact	Provide the category (e.g., seating, stander) and full brand name and model of the device received.	
name	device received.	
Date of receipt	Provide the date the device was received.	
If item was purchased, was it	Purchased items must be provided new from vendors. Reconditioned or	
received new?	refurbished used items are not acceptable.	
Please indicate any issues that	Check as many issues as apply.	
may have affected the successful		
provision and utilization of the		
authorized device:		
<b>Delayed delivery</b>		
Incorrect/incomplete order		
<b>Device condition</b>		
Other		
Provide a detailed description	A full explaining is required for any issue indicated.	
of the issue		
Device delivered as	Check as apply	
ordered/Training received		
Parent/caregiver signature,	The parent/caregiver and the Individual Rendering Provider are required to sign	
Individual Rendering Provider	the form. Please include the Individual Rendering Provider's provider agency	
signature	name and contact information.	