



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

**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 **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 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.**

<b>Child’s name, EI #, DOB</b>	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).
<b>Individual Rendering Provider name, discipline, and provider agency</b>	Print the name, discipline (e.g. speech therapist, special educator), and provider agency of the Individual Rendering Provider who is completing the form.
<b>Source of the device</b>	Indicate if the device was delivered by an ATD Vendor, or Dispensary.
<b>Category of device and exact name</b>	Provide the category (e.g., seating, stander) and full brand name and model of the device received.
<b>Date of receipt</b>	Provide the date the device was received.
<b>If item was purchased, was it received new?</b>	Purchased items must be provided new from vendors. Reconditioned or refurbished used items are not acceptable.
<b>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></b>	Check as many issues as apply.
<b>Provide a detailed description of the issue</b>	A full explaining is required for any issue indicated.
<b>Device delivered as ordered/Training received</b>	Check as apply
<b>Parent/caregiver signature, Individual Rendering Provider signature</b>	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.