



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 who is working with the child at the time of delivery 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 submit this form to the NYC BEI ATU using Secure File Transfer (SFT) to HCS HIN ID: ATUnit, within two (2) business days of receipt from the Agency AT Coordinator.
The NYC BEI ATU will notify the State Fiscal Agent Assistive Technology Coordinator (SFA ATC) within one (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? Yes No - explain in Section B

Section B: The Individual Rendering Provider must complete this section when there are issues or delivery problems with the device.

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

Device received was not the device authorized Missing authorized accessories Needed accessories were not requested

Device Condition

Poor fit Assembly problem

Other

Family refused device after authorization and/or provision Vendor dispute Other - describe below

Provide a detailed description of the issue:

[Large empty box for detailed description of the issue]

Parent/Caregiver Signature: Date: / /

Individual Rendering Provider Signature: Date: / /



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

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 who either requested this ATD or who has agreed to oversee its provision to the child 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 submit this form to the NYC BEI ATU using Secure File Transfer (SFT) to HCS HIN ID: ATUnit, **within two (2) business days** of receipt from the AT Agency Coordinator.
- The NYC BEI ATU will notify the State Fiscal Agent Assistive Technology Coordinator (SFA ATC) **within one (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 (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 by a 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	Please explain in detail any/all issues indicated above.
Parent/caregiver signature, Individual Rendering Provider signature	The parent/caregiver and the Individual Rendering Provider are required to sign the form.