

**ASSISTIVE TECHNOLOGY DEVICE RECEIPT FORM**

Child's Name: ID #: Service Coordinator:	Date: DOB: Cost of A.T.:
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**AT Device and Signature**

AT Device Received: (e.g. Brand, Model, and Description)

AT Device Received By:

Name	Signature
Date	

Relationship to Child:

**Notes:**

*If the assistive technology (equipment, device) is no longer in use, please notify North Central Early Steps within 30 days of not needing equipment.*

*If the assistive technology (equipment, device) is damaged, lost or stolen, please notify North Central Early Steps within 10 days of occurrence.*

**Notas: (en Español)**

*Si el aparato, dispositivo, equipo ya no esta siendo utilizado, favor comunicarlo inmediatamente a North Central Early Steps, para que pueda ser re-asignado a otro niño(a).*

*Si el aparato, dispositivo, equipo se dana, se pierde o es robado, favor comunicarlo inmediatamente a North Central Early Steps entro de 10 dias despues de ocurrido el incidente.*

**Comments/Observations**

**AT Claims:**  
**UF NCES**  
**Attn: NCES Fiscal Team**  
**Mailing Address:**  
**PO Box 100296**  
**Gainesville, FL 32610-0296**  
**Fax: 352.294.8088**  
**Move-it: ncesfiscal@peds.ufl.edu**