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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Diabetes Self-Management Education Services**  **Adaptive Diabetes Equipment Receipt** | | | | | | |
| Customer name: | | | Service authorization number: | | | | | |
| Counselor name: | | | | | | | | |
| **Item Number** | **Itemized Description of Adaptive Diabetes  Equipment or Supplies** | | | | | **Warranty card submitted?** | | |
| **1.** |  | | | | | Yes | No | N/A |
| **2.** |  | | | | | Yes | No | N/A |
| **3.** |  | | | | | Yes | No | N/A |
| **4.** |  | | | | | Yes | No | N/A |
| **5.** |  | | | | | Yes | No | N/A |
| **6.** |  | | | | | Yes | No | N/A |
| **7.** |  | | | | | Yes | No | N/A |
| **Customer's Acknowledgment of Receipt** | | | | | | | | |
| My signature below certifies that I have received all the adaptive diabetes equipment and/or supplies listed above and that all the items received are in good working order. If the equipment received includes a blood glucose meter, I understand that I should refer to the warranty information in the manufacturer's booklet if I have any questions about the operation, maintenance, or repair of the blood glucose meter. I understand that this equipment has been purchased by VR to assist in managing my diabetes so that I may participate in training, employment, pursuit of employment, or maintenance of independent living. TWC-VR will not be responsible for any replacements, maintenance, or upgrading including the purchase of additional test strips or other disposable supplies. | | | | | | | | |
| Customer signature:  **X** | | | | | Date: | | | |
| **Provider's Signature** | | | | | | | | |
| Provider signature:  **X** | | | | Date: | | | | |
| Provider business name: | | | | | | | | |