



Texas Workforce Commission
Vocational Rehabilitation Services
Diabetes Self-Management Education Services
Adaptive Diabetes Equipment Receipt

Customer name:	Service authorization number:
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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:
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Provider's Signature

Provider signature: X	Date:
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Provider business name: