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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:      |