



State of Utah
Department of Workforce Services
**INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
EQUIPMENT / COMPLETION RECEIPT**

Name of consumer: _____ Phone number: _____

I, the undersigned, acknowledge that on this date I received from the Independent Living Program the equipment listed below. It is complete and in working condition. I am aware of how to properly utilize the equipment.

Equipment received: _____

Authorization number: _____ Warranty expiration date: _____

The consumer/representative agrees to the following conditions:

- (1) I cannot dispose of, sell, trade, or give this equipment to another individual, agency, and/or vendor. I understand that to pawn these items could bring misdemeanor charges against me.
- (2) I will return the equipment promptly to my IL Coordinator if I no longer need the equipment. In the event of death, a family member will notify the IL Coordinator and return the equipment.
- (3) Although equipment will show wear due to normal use, I agree to properly maintain and repair these items and to replace them in the event of loss.
- (4) Negligence and abuse of equipment will void manufacturer warranties, may result in my losing the right to keep this equipment, and may affect my ability to obtain equipment in the future. Replacement equipment will not be purchased.
- (5) After three years (except for aluminum ramps), if I still require this equipment, it will be released to me.
- (6) Aluminum ramps remain the property of the state of Utah. If I have been provided with an aluminum ramp and no longer need it, I will return it promptly to my IL Coordinator.

I CERTIFY THAT I HAVE READ AND WILL COMPLY WITH THE ABOVE STATEMENTS.

Consumer/Representative signature: _____ Date: _____

I certify that the equipment listed above has been delivered and completed as specified in the purchase order and attached specifications (if any). The consumer and/or representative are aware of how to properly utilize the equipment.

IL Representative signature: _____ Date: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.