

Kentucky Office of Vocational Rehabilitation

Receipt and Transferable Items Agreement

Instructions

The purpose of this form is to show that the consumer received the item(s) that was/were purchased for them. It also gives the consumer guidance on the terms and conditions related to the item(s), and specific guidance on items whose cost is over \$5000.

Consumer Information

Consumer Name Enter the first and last name of the consumer

Case Number Enter the six-digit case number

Item Information

Location of Item(s) Enter where the item is located

Category of Item(s) Select the category of the item(s)

Description of Items Enter the name of the item(s), the serial number of the item(s), the depreciation date in MM/YY format, and the value of the item.

Delivery Date Enter the date that the item(s) was/were delivered to the consumer in MM/DD/YYYY format

Terms and Conditions Go over the terms and conditions with the consumer. If the item is not over \$5000, you do not need to go over those terms and conditions with the consumer.

Signatures

Please have the consumer sign and date the form. The vocational rehabilitation counselor should sign and date the form as well.