

# Ancillary Services Assistive Technology Acceptance of Delivery

Updated March 31, 2026

## Assistive Technology Delivery Confirmation

I, \_\_\_\_\_ (consumer name) confirm that  
\_\_\_\_\_ (delivery provider) has  
assembled and allowed me to thoroughly test the equipment in my home on  
\_\_\_\_\_ (date).

**I understand that the assistive technology is not returnable**, and that I must be sure the item fits well and is fully operational prior to delivery drivers leaving my property. This includes length & width if a lift chair, as well as operating controls and testing both the 'lift' and 'seating / reclining' operations.

By signing below, I confirm that the assistive technology is in acceptable condition, that I am comfortable with how to use it and it will meet my needs. I am able to operate the controls without issue, and that I have received the assembled item inside my home.

X \_\_\_\_\_  
(Consumer Signature)

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If for any reason the assistive technology is not acceptable, do not allow the driver(s) to leave the item in your possession, & do not sign as accepted.

**No returns or exchanges are allowed.**

### **Delivery Driver:**

Unless instructed by your office, **do not** leave the assistive device anywhere except inside the consumer's residence.

**Driver Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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