



Individual _____ DSB Staff _____

County _____ District/County Office _____

Authorization # _____ Authorization Date _____

I acknowledge receipt of the following items:

VISUAL AIDS (specify): _____

CLOTHING (specify): _____

EQUIPMENT (specify): _____

INDEPENDENT LIVING AIDS & APPLIANCES (specify): _____

OTHER (specify): _____

Individual Signature:

[Signature box]

Date: _____