



VERIFICATION OF ITEMS RECEIVED INSTRUCTIONS

PURPOSE:

To provide written verification that individuals have received items authorized for them by North Carolina Division of Services for the Blind (DSB) staff on DSB 0608: Authorization and Billing Invoice.

PREPARED BY:

Prepared as a parallel document to DSB-0608, Authorization and Billing Invoice, by DSB Staff.

INSTRUCTIONS:

Individual: Enter individual's name (first, middle initial and last name).

Worker: Enter the name (first name and last name) of the DSB Staff dispensing items

County: Enter individual's home county and the DSB District Office name.

Authorization: Enter the DSB 0608, Authorization and Billing Invoice, number from the upper left hand corner of the form.

Authorization Date: Enter the two-digit month, two-digit day and four-digit year of the DSB 0608.

Visual Aids (specify): Enter the name of the specific item(s) to include serial numbers and model numbers. Describe the item in detail to include color, identifying features etc.

Clothing (specify): Enter the name of the specific item(s) to include serial numbers and model numbers. Describe the item in detail to include color, identifying features etc.

Equipment (specify): Enter the name of the specific item(s) to include serial numbers and model numbers. Describe the item in detail to include color, identifying features etc.

Independent Living aids and Appliances (specify): Enter the name of the specific item(s) to include serial numbers and model numbers. Describe the item in detail to include color, identifying features etc.

Other (specify): Enter the name of the specific item(s) to include serial numbers and model numbers. Describe the item in detail to include color, identifying features etc.

Individual signs and dates the form.

DISTRIBUTION:

Original: Claims Processing Section with invoice, original DSB-0608 or requisition attached.
Copy: Case Record