



## State-wide Equipment Program (SWEP)

### Home Modifications: Proof of delivery (POD)

For use with Home Modification Option A.

This form is to be completed by the Client, Participant or their Representative, the Proprietor or their Agent and the Prescriber, to confirm receipt of equipment.

I / We, \_\_\_\_\_

Confirm the supply of the following assistive equipment for quotation number: \_\_\_\_\_ has been delivered as listed:

*(List of Equipment)*

I / We agree that the SWEP payment can be made to: \_\_\_\_\_

*(Builder / Tradesperson)*

Signed by the Client/Participant: \_\_\_\_\_

Name: \_\_\_\_\_

If not signed by the Client/Participant: \_\_\_\_\_

Please list your relationship to Client/Participant: \_\_\_\_\_

**Builder/Tradesperson is to return this form to SWEP with Invoice.**