

Rehabilitation Engineering and Technology Program
VEHICLE MODIFICATION ACCEPTANCE

Consumer: _____ SS#: _____

As the rehabilitation engineer responsible for the coordination of services for modifications to above consumer's vehicle, I certify to the Vocational Rehabilitation Counselor providing funding that all elements of the prescription have been met by the vendor, and the services are completed. *Payment for services is appropriate at this time.*

RE Signature Date

As the Driver Rehabilitation Specialist providing the prescription for these modifications, I certify to the Vocational Rehabilitation Counselor, the vehicle modified meets the safe driving needs of the individual.

Driver Rehabilitation Specialist Signature Date

As owner of this vehicle, and client of the agency, I understand my responsibility for general maintenance and insurance of this equipment. How the equipment works was explained to me and I understand it. I acknowledge the agreement between engineer and evaluator that the modifications as completed meet my need to be a safe driver. I accept this vehicle back from the vendor. I understand and agree that future repair and/or replacement of equipment is my responsibility

Vehicle Owner's Signature Date

On _____ behalf _____ of

vendor of the modifications to this vehicle, I have explained the maintenance points with the client, and I am sure he/she has an understanding of his/her responsibilities and has been provided a schedule of routine maintenance/service.

Vehicle Modification Vendor's Signature Date