

**Client Phone/Data Card Receipt**

This form serves as confirmation that the client has received a phone and/or a data card. Upon receipt, both the Nurse Case Manager/designee and the client are required to sign.

<b>Phone Received</b>	<b>Card Received</b>	<b>Date Received</b>	<b>Client Initials</b>	<b>LHD Initials</b>
<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

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Client Name Signature

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Nurse Case Manager/Designee Name Signature