



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.