### Receipt for Tangible Goods Form

**Commentary:** This form is a general form that is used to track any tangible reinforcement given to a client. Originally we had several forms but found that combining them streamlined the process and reduced paperwork if/when several items were disbursed at the same time.

Prism Health North Texas - Receipt for Tangible Goods

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Number: \_\_\_\_\_\_\_\_\_\_\_

I have received the checked items below from PHNTX:

\_\_\_/ Bus Pass Bus Pass: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. I will use this pass to get to the appointment agreed to with my provider.
  2. I will not barter or sell this pass.
  3. I understand that PHNTX is **not** a transportation resource and it is my responsibility to get transportation resources for which I am eligible for any future transportation needs.

\_\_\_/Gift Card Gift Card: Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree that I will not use the gift card to purchase alcohol, tobacco, illegal drugs, or firearms.
2. I will not barter or sell this gift card.

\_\_\_/Food Items Item(s): Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree that the items appear to be in good/edible condition.
2. I choose to use/consume these items and will not hold PHNTX liable for any problems related to their use.

\_\_\_/Donated Equipment/Supplies Item(s): Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand that PHNTX does not make a warranty of any kind as to the condition, of the item(s) or of its suitability for any particular purpose. I accept it “as is” and assume responsibility for its use.
2. I waive any and all claims for damage or injury from the items and hold PHNTX, its officers, employees and agents harmless from any and all liability resulting from the acceptance of this item(s).

\_\_\_/Other Item(s): Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>