



**FACILITY RESIDENCY EQUIPMENT LOAN AGREEMENT**

RESIDENT INFORMATION:							
NAME: _____	<table border="1"> <thead> <tr> <th>RESIDENTIAL TYPE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Assisted Living Facility</td> </tr> <tr> <td><input type="checkbox"/> Independent Living Facility</td> </tr> <tr> <td><input type="checkbox"/> Board and Care/Group Home</td> </tr> <tr> <td><input type="checkbox"/> School Residential Facility</td> </tr> <tr> <td><input type="checkbox"/> Church Residential Facility</td> </tr> </tbody> </table>	RESIDENTIAL TYPE	<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Independent Living Facility	<input type="checkbox"/> Board and Care/Group Home	<input type="checkbox"/> School Residential Facility	<input type="checkbox"/> Church Residential Facility
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ADDRESS: _____							
CITY: _____ STATE: _____ ZIP: _____							
PHONE: _____ EMAIL: _____							
<b>SECONDARY CONTACT:</b>							
NAME: _____	EMAIL: _____						
RELATIONSHIP: _____	PHONE: _____						

FACILITY INFORMATION:	
FACILITY NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
FACILITY CONTACT NAME: _____ TITLE: _____	
PHONE: _____ EMAIL: _____	
<p><b>This form serves as an agreement between Convalescent Aid Society (CAS) and the facility where the client currently resides; the above-named facility agrees that:</b></p> <ul style="list-style-type: none"> <li>• In the event that the client/patient's residency changes, the facility will make every effort to notify CAS so that the equipment can be picked up.</li> <li>• Equipment loaned to individuals is the sole property of CAS and is not be given to anyone besides the named client.</li> </ul> <p>Failure to comply with either of these requirements may result in CAS refusing to loan equipment to future facility residents.</p>	
_____	_____
FACILITY MANAGEMENT SIGNATURE	DATE

FOR OFFICE USE ONLY:
<input type="checkbox"/> Proof of residency/Acknowledgement Letter <input type="checkbox"/> Client ID Verification
<b>MANAGEMENT APPROVED BY:</b>
NAME _____ TITLE _____
SIGNATURE _____ DATE _____

**PLEASE SUBMIT THIS FORM AND FACILITY LETTER OF AGREEMENT THROUGH EMAIL PRIOR TO SCHEDULE AN APPOINTMENT**



## APPLICATION / QUALIFICATION REQUIREMENTS

### 1. CLIENT: (MUST PROVIDE PROOF OF RESIDENCY WITHIN CAS SERVICE AREA)

- ✓ **ID Verification** - (i.e. Valid Identification Card, Driver License, or Passport)
- ✓ **Proof of Residency Verification:** (Must provide the following documents)
  - Facility Equipment Loan Agreement (*Form 115*)
  - Proof of residency - facility loan letter on company letterhead (See reverse page for example)
  - Business Card ( senior management named on the facility loan letterhead and Form 115)

\*Both documents must be signed by one of the following facility senior management personnel.

- Director
- Administrator
- Manager

### 2. CO-SIGNER: (MUST RESIDE IN LOS ANGELES COUNTY)

- ✓ **ID Verification** - (Valid Identification Card, Driver License, or Passport)
- ✓ **Proof of Residency Verification:** (Must reside in L.A. County/Please provide 1 item listed below)
 

<ul style="list-style-type: none"> <li>• Utility Bill (any kind)</li> <li>• Medical Statement/Bill</li> <li>• Bank Credit Card/Loan Statements</li> <li>• DMV Car Registration/Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Government Documents/Statements (i.e. IRS, State (<i>EDD/SSI</i>), County)</li> <li>• Lease/Rental agreement or Mortgage/Property tax statement + Any Recent Mail</li> </ul>
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### 3. CONTACT/REFERENCE: Name, Address, Phone Number of relative or friend of the client who does not live with the Client or Co-signer.

**FACILITY LOAN LETTER AND FORM 115 MUST BE SUBMITTED THROUGH EMAIL AT [info@cas1.org](mailto:info@cas1.org) PRIOR TO SCHEDULE AN APPOINTMENT**

**NEW BUSINESS HOURS:**  
**TUESDAY, WEDNESDAY, AND FRIDAY**  
**10AM – 3PM**

[www.cas1.org](http://www.cas1.org)    626-793-1696



DW RETIREMENT HOME

252 E. Foothill Ave.  
Little Town, ZA 92522  
Tel 626.555.8888

Convalescent Aid Society  
3255 E. Foothill Blvd.  
Pasadena, CA 91107

DATE

Re: Loan of CAS equipment to "CLIENT NAME"

Dear CAS Staff,

In order to satisfy the residency requirements established by your organization, I attest that "CLIENT NAME" currently resides (or will reside her as of "DATE") at "FACILITY NAME" in unit/room "#".

On behalf of this facility, I acknowledge that CAS equipment loaned to this individual is for the sole use of the individual name in this document. It will not be given to other residents for temporary or permanent use, donated to other individuals/organizations or disposed of in any manner. In the event that the individual named in this letter ceases to reside here, our staff will make every effort to contact CAS so that arrangements can be made for the return of said equipment.

As a management employee, I understand that failure to adhere to these guidelines may result in residents of the facility being restricted from borrowing equipment from CAS in the future.

Sincerely,

MANAGEMENT EMPLOYE NAME  
TITLE