



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 named 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