



**Facility Residency Equipment Loan Agreement**

Client / Responsible Party Info						
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 Homes</td> </tr> <tr> <td><input type="checkbox"/> School 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 Homes	<input type="checkbox"/> School Residential Facility
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<input type="checkbox"/> Board and Care/Group Homes						
<input type="checkbox"/> School Residential Facility						
Address: _____						
City: _____ State: _____ Zip: _____						
Phone: _____ Email: _____						
<b>Secondary Contact</b>						
Name: _____	Email: _____					
Relationship: _____	Phone: _____					

Facility Info	
Facility Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Facility Contact Name: _____ Facility Contact Title: _____	
Phone: _____ Email: _____	
<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>	
<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 to be given to anyone besides the named client.</li> </ul>	
Failure to comply with either of these requirements may result in CAS refusing to loan equipment to future facility residents.	
_____	_____
Facility Contact Signature	Date

FOR OFFICE USE ONLY:
<input type="checkbox"/> Proof of residency/acknowledgement letter. Date: _____
<input type="checkbox"/> Client ID Verification
<b>MANAGEMENT APPROVED BY:</b>
_____
Name
_____
Signature
_____
Date