



## 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)

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

- Director
- Administrator
- Manager

*(If possible, please provide business card)*

### 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)
  - Utility Bill (any kind)
  - Medical Statement/Bill
  - Bank Credit Card/Loan Statements
  - DMV Car Registration/Insurance
  - Government Documents/Statements (i.e. IRS, State (*EDD/SSI*), County)
  - Lease/Rental agreement or Mortgage/Property tax statement

### 3. CONTACT/REFERENCE: Name, Address, Phone Number of relative or friend of the client who does not live with the Client or Co-signer.

**All verification documents need to be current and original documentation.**

**\*NO PHOTOCOPIES WILL BE ACCEPTED**

**NEW APPLICATIONS WILL BE PROCESSED DAILY UNTIL 4PM.**



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