



An Integrated Approach to the Delivery of Community Health Services

Adding Equipment to Existing Site

Instructions: This form is to be completed once the Agency has submitted the MAC Application Form. For assistance completing this form, please contact your CQA Hardware Services Coordinator. Completed forms should be faxed to your CQA Hardware Services Coordinator, who will then contact you to begin the MAC process.

CQA Hardware Services Coordinators

Region 1 and 2

Regions 3-5

Denise Macon

Kelli Blaise

PH - 312/692-3066

PH - 217/492-5634

FX - 312/692-3067

FX - 217/492-5635

NOTE: An "existing agency/site" is one at which Cornerstone equipment already exists.

1. Agency/site's targeted date for installation: _____ Agency/site ID number: _____

2. Contact person's name: _____ Number: _____ Ext. _____

3. Agency/site name: _____ Region #: _____

4. Agency/site street address: _____
(number, street name, suite #)
: _____
city, zip)

5. Indicate equipment needs for standard site:

of workstations _____ # of monitors _____ (a monitor is needed for each workstation and server)

of laser printers _____ # of Okidata printers _____

of laptops _____

Other: _____

6. Indicate equipment needs for remote site:

of workstations _____ # of monitors _____ # of modems _____ # of KVM switches _____

Other: _____

- Each viewer requires a host, unless viewer stations will be shared;
- All viewers require a monitor; every 4 hosts require a monitor and KVM switch;
- Each viewer and host requires a modem and dedicated phone line in dial-up scenarios;
- If connection will not be made via dial-up, please indicate other equipment needed.



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Note: Depending on the equipment added, additional cable drops and/or phone lines may be needed. The agency is responsible for installation of cabling, phone lines and electrical. See Cabling specs, Telco Specs and Electrical Specs.

Agency Administrator Signature: _____ (Date)

Print Name: _____