



An Integrated Approach to the Delivery of Community Health Services

## Closing an Agency/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: "Closing" an agency/site is defined as permanently removing Cornerstone equipment from the site.*

1. Agency/site's targeted close date: \_\_\_\_\_ Agency/site ID number: \_\_\_\_\_

2. Last End of Day (EOD) processing: \_\_\_\_\_

3. Contact person's name: \_\_\_\_\_ Number: \_\_\_\_\_ Ext. \_\_\_\_\_

4. Agency/site name: \_\_\_\_\_ Region #: \_\_\_\_\_

5. Agency/site street address: \_\_\_\_\_  
(number, street name, suite #)

\_\_\_\_\_  
(city, zip)

6. Agency/site mailing address: \_\_\_\_\_  
(number, street name, suite #)

\_\_\_\_\_  
(city, zip)

Agency Administrator Signature: \_\_\_\_\_

Date

Print Name: \_\_\_\_\_