



An Integrated Approach to the Delivery of Community Health Services

External Move

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 "external move" is moving an agency's Cornerstone equipment from one site to another.

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

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

3. Last End of Day (EOD) processing at current location: _____

4. First day at new location: _____

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

6. Agency/site **current/old** street address: _____
(number, street name, suite #)

(city, zip)

7. Agency/site **future/new** street address: _____
(number, street name, suite #)

(city, zip)

8. Agency/site **future/new** mailing address: _____
(number, street name, suite #)

(city, zip)

9. Agency/site **future/new** phone number: _____ Fax number: _____

Note: The agency is responsible for the installation of cabling, phone lines and electrical. See Cabling Specs, Telco Specs and Electrical Specs.

Agency Administrator Signature: _____ Date _____

Print Name: _____