



An Integrated Approach to the Delivery of Community Health Services

Internal 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 "internal move" is moving Cornerstone equipment within a Cornerstone site.

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

Note: 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: _____