



Cornerstone

An Integrated Approach to the Delivery of Community Health Services

Form SSS-A

**MAC Application Form
(Change to Single Server Solution)**

Instructions: This MAC Application Form is the first step in requesting your Cornerstone agency change to a Single Server Solution. The Agency is to complete this form, contacting their DHS Regional Cornerstone Liaison for assistance if needed. Once completed, and signed by the Agency Administrator, the Agency is to forward the form to the DHS Regional Cornerstone Liaison for approval. The DHS Regional Cornerstone Liaison will inform the Agency of approval or denial of the request.

Date of MAC Request: _____ Target Date of MAC: _____

Cornerstone site ID's involved:

_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-

What site will serve as the server site? _____ - _____ Region: _____

Agency/site Name: _____

Agency/site Cornerstone Liaison's name: _____

Agency/site Cornerstone Liaison's phone number: (_____) _____ Ext. _____

Agency Administrator's Name (printed): _____

Agency Administrator's Signature: _____ Date _____

DHS Regional Cornerstone Liaison Name (printed): _____

DHS Regional Cornerstone Liaison Signature: _____ Date _____

DHS Regional Cornerstone Liaison Decision: _____ Date Approved _____ Date Denied _____

Instructions for DHS Regional Cornerstone Liaison: *If the Application is approved, send the signed Application to the appropriate CQuest Hardware Services Coordinator:*

Region 1: Denise Macon 312/692-3067(fax) or Regions 2-5: Kelli Blaise 217/492-5635(fax)