



An Integrated Approach to the Delivery of Community Health Services

Change to Single Server Solution

Instructions: This form is to be completed once the Agency has submitted the Single Server Solution MAC Application Form (SSS-A). For assistance completing this form, please contact your CQuest Hardware Services Coordinator. Completed forms should be faxed to your Hardware Services Coordinator, who will then contact you to begin the MAC process.

CQuest Hardware Services Coordinators

Region 1

Denise Macon

PH - 312/692-3066

FX - 312/692-3067

Regions 2-5

Kelli Blaise

PH - 217/492-5634

FX - 217/492-5635

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

Agency/site street address: _____
(number, street name, suite #)

_____ (city, zip)

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

List the Cornerstone Site ID's and contact information of all other agencies/sites involved:

1) _____ - _____ Region: _____

CQuest use:

Agency/site street address: _____
(number, street name, suite #)

_____ (city, zip)

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

2) _____ - _____ Region: _____

CQuest use:

Agency/site street address: _____
(number, street name, suite #)

_____ (city, zip)

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



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3) _____ - _____ Region: _____ CQuest use:

Agency/site street address: _____
(number, street name, suite #)

(city, zip)

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

4) _____ - _____ Region: _____ CQuest use:

Agency/site street address: _____
(number, street name, suite #)

(city, zip)

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

Agency Administrator Signature: _____ Date _____

Print Name: _____

Send this completed form 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)