

**MOBILITY AND ADAPTIVE EQUIPMENT LOAN PROGRAM
 REQUEST TO REASSIGN USER STATUS FORM
 (for Multi-User Equipment Within an Adult Residential Facility)**

Section A- Facility Information

| | | | |
|-------------------------------------|--------------|-------------------------|--|
| Name of Adult Residential Facility: | | Name of Operator/ Owner | |
| | | | |
| Complete Address: | | | |
| | | | |
| Telephone number : | Fax number : | E-mail Address: | |
| | | | |

Section B – Request Details

| | | | |
|--|--|--|--|
| Equipment Description (including serial #): | | ESNB Equipment # (C#): | |
| Initials of current primary user: | | Health Card number of current primary user: | |
| Initials of current secondary user to be reassigned as primary user: | | Health Card number of secondary user to be reassigned as primary user: | |

Please note that a separate form must be submitted for each piece of equipment that requires reassignment.

Certification

I certify that I have read the policies and procedures related to this equipment reassignment and that I understand and agree to carry out my responsibilities in this process. (Please refer to the *Multi-User Equipment Policy* and *Multi-User Equipment Request Procedures*)

 ARF Operator/Owner

 Date