

SOCIAL DEVELOPMENT
 Health Services Unit
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DÉVELOPPEMENT SOCIAL
 Unité des services de santé
 CP 5500, Fredericton NB., E3B 5G4
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 Télécopieur: (506) 453-3960

**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 inventory C#:	
Name of current primary user:		Health Card ID number:	
Name of current secondary user to be reassigned as primary user:		Health Card ID number:	

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