

**Client Equipment Return Form (CERF)**

Dear:

We have been advised that you have equipment that was provided from the Department of Social Development that is no longer required. Completing this form will assist us in properly tracking equipment and maintaining accurate files. A separate form must be completed for each client, and be placed with the equipment being returned to ESNB.

Please indicate the name of the person the equipment is loaned to, and the reason for the return from the options below:

**Client name:** \_\_\_\_\_

**Reason for return:**

- No longer medically appropriate
- Client deceased
- Broken beyond repair
- Other: \_\_\_\_\_

Please list the equipment that is being returned, along with the corresponding C#, if available:

*Example: Quickie Iris Wheelchair C #12345 (physically engraved)*  
*Matrix Back AC # (not physically engraved)*

_____	_____
_____	_____
_____	_____
_____	_____

Contact Person \_\_\_\_\_ Tel #: \_\_\_\_\_

Name of facility (if applicable): \_\_\_\_\_

Thank you in advance,

**Debbie Nash**  
Returns Coordinator  
Tel: (506) 206-9542 or 1-888-280-8155  
E-mail: [returncoord@easterseals.nb.ca](mailto:returncoord@easterseals.nb.ca)