State of Illinois Department of Human Services
Rushville Treatment and Detention Facility

Health Care Unit Equipment

This is to certify that resident _____ DHS# _____

was issued health care equipment in the form of _____

_____

and that said piece of equipment is to be returned to the Health Care Unit Staff by resident

_____ on the following date _____ .

If the above equipment is not returned on the above date the resident will be subject to disciplinary action.

By signing below the resident certifies that he has read and understands the above information.

_____ _____
Date Resident's Signature

_____ _____
Date Staff Signature

Equipment Return Receipt

To be completed by Health Care Unit Staff upon equipment return. This certifies that resident

_____ DHS# _____

returned the following equipment _____

_____

_____ _____
Date Staff Signature