

ALABAMA CARES PROGRAM

ADMISSION AND INTRODUCTION



Contractor:				Date:				
Care Recipient's (attendee) Last Name:		First:	MI: DO			Telephone:		
Address:		City:	City: State:		Zip:			
Caregiver's Last Name: Firs		rst:	MI:	MI: Telephone:		Work Telephone:		
Address:			City:	State:		Zip:		
Emergency Contact Infor	matio	on	I			1		
Name:			Home:			Work:		
Relationship to client:			Cell Ph:			Other:		
SARCOA Approved Service ADC Supervisor Assessm		DULT DAY H	EALTH CARE					
Adult Day Health Care is appropriate								
Care Recipient (atte	ndee) is capable o	of participatir	ng in acti	vities as re	equired		
Comments:								
Care Recipient/Caregiver Signature Date				ADC S	Supervisor	Signature	Date	

It is the responsibility of the ADC supervisor/ worker to verify that the care recipient (attendee) has a Credit Balance Sheet and that there is a remaining balance that will cover each day they attend the ADC. The objective of the Alabama Cares Program is to provide temporary care for clients who live at home and are cared for by their families or other informal support systems. This service shall provide temporary, short term relief for the primary caregiver, and continue the supervision and supportive care necessary to maintain the health and safety of the care recipient.

An Admission-Introduction visit must take place within 3 days of Contractor notification of request for services. Submit a copy of Admission and ADC Supervisor Assessment to SARCOA within 10 days of admission.