SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING (SARCOA)

1075 S. Brannon Stand Road, Dothan, AL 36305
334-793-6843 or 800-239-3507

ADULT DAY HEALTH CARE

SERVICE LOG

(Use a separate Service Log for each client each month)

CLIENT NAME: _____

CONTRACTOR: _____ MONTH_____YEAR_____

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT I AM CERTIFYING THAT I RECEIVED THE SERVICES LISTED BELOW ON THE DATES HEREIN SPECIFIED. BILLING WILL NOT BE PAID WITHOUT CLIENT'S SIGNATURE OR AN AUTHORIZED SIGNATURE.

1 UNIT = 1 day	**NUMBER OF HOURS**	**CLIENT'S SIGNATURE** *Please Note:* *Billing is due to SARCOA by the 5th working day of each month.*	**WORKER'S SIGNATURE**