PRINT SAVE

Adult Day Care Assessment/Service Plan/Plan of Care

Signature Record

Initials	Print Name	Signature	Title	Date

Note: An individual's signature indicates their personal participation in the assessment process and approval of the plan.

THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE HAS NOT CREATED AN ELECTRONIC SIGNATURE POLICY. THIS PAGE MUST BE PRINTED AND SIGNED BY EACH INDIVIDUAL WHO PARTICIPATED IN THE PROCESS.