

**Adult Day Care Center
ENROLLMENT STATEMENT**

_____, Age _____ is enrolled at
(Name of Participant)

(Name of Center)

(Address of Center)

Starting on _____
(Month/Day/Year)

Signature: _____
(Participant, Adult Household Member or Guardian)

(Date)

You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities: Hispanic or Latino Not Hispanic or Latino

Please mark one or more of the following racial identities: American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

For Center Use Only:

Adult Participant withdrew on _____
(Date)

An Enrollment Form needs to be completed one time when an Adult enters the day care program, after Adult Day Care Centers are responsible for updating each participant's Plan of Care annually and keep the Enrollment forms on file as long as the participant remains in the program