# PLEASE KEEP THIS SIGN-IN SHEET IN YOUR RECORDS.

**Local Site Coordinator:**_____

**Name:**_____

**Phone #:**_____

**Fax #:**_____

**Bureau of Home and Community Services**
**Alabama Department of Public Health**
**201 Monroe St., Ste. 1200**
**Montgomery, Al. 36104**
**(334) 206-2481-2664 Fax: (334) 206-7013**

**Agency Name:** _____

**Agency Address:**_____

_____

**"Caring for a Bedbound Patient"**
**July 8, 2009**
**Sign-In-Sheet**

| Name (Please Print) | Social Security Number | Class/ Title | Program/ Department | County/ Bureau Site Code | Signature |
|---|---|---|---|---|---|
| *John Doe* | N/A | *HHA* | *HH* | *616HH* | *John Doe* |
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If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited