PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS

<u>DO NOT</u> SEND THIS FORM TO THE BUREAU

Local Site Coordinator: Name: Phone #:	Bureau of Home and Community Services Alabama Department of Public Health 201 Monroe St., Ste. 1200 Montgomery, Al. 36104		Health	Agency Name:	
Fax #:	Septe	Control Updat mber 12, 2012 In-Sheet	2		
Date Viewed Name (Please Print)	Class/ Title	Program/ Department	_ (If you did not a County/ Bureau Site Code	attend the live satellite) Signature	
John Doe	HHA/HA	HH/LC	616HH	John Doe	