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
The RSA Tower, Suite 1200 Montgomery, Al 36104
(334) 206-5711 Fax: (334) 206-7013

Agency Name: _____

Agency Address:_____

_____

_____

"Home Care Patients with CHF and COPD"
February 7, 2007
Sign-In-Sheet

Name (Please Print)	Social Security Number	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
John Doe	*123-45-6789*	*HHA*	*HH*	*616HH*	*John Doe*

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited