

Adult Care Enrollment Form

Facility Name: _____

Participant's Name: _____

Date of Birth: _____ Participant's Age: _____

Times in Care _____ to _____ (Ex: 6am to 5pm)

Days in Care _____ to _____ (EX: Mon to Fri)

Meals Normally Served To Participant (Circle):

Breakfast

Lunch

PM Snack

Supper

Enrollment Date: _____ Withdrawal Date: _____

Participant/Responsible Party Signature

Date

In accordance with federal law and the United States Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or 1-202-720-6382 (TTY). USDA is an equal opportunity provider and employer.