

## Adult Day Care Assessment/Service Plan/Plan of Care

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### Signature Record

Initials	Print Name	Signature	Title	Date

**Note: An individual's signature indicates their personal participation in the assessment process and approval of the plan.**

**THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE HAS NOT  
CREATED AN ELECTRONIC SIGNATURE POLICY. THIS PAGE MUST BE  
PRINTED AND SIGNED BY EACH INDIVIDUAL WHO PARTICIPATED IN  
THE PROCESS.**