

Agenc	y Name:	Human Services Association Client Name:		Date:			
NC	9	CERTIFICATION (To be completed by Interviewer and signed by Client) I certify that the information on this form, provided to me by the client, is accurate and true to the best of my abilities. I also certify that I have informed the Client that this information may be shared with other providers for the purpose of providing services. Client signature establishes agreement.					
CERTIFICATION	Comple	to services. ted by (Print Name)		Phone Phone			
CERTIF	Signatu			Date			
	Client N	lame (Print)					
	Client S	ignature	Date				
AENT	10	REASON FOR DISENROLLMENT	Date	of disenrollment:			
□ Deceased □ Moved Out of Service Area □ No Longer Desires Services □ No Longer SNF Certifiable							
DISEN	10 REASON FOR DISENROLLIMENT Date of disenfollment. Date of disenfollment.						
NOTE	ES:						
rema dema	ins limi and for	or completing the Universal Intake Form (UIF). As the aging ted, it is vital to capture this critical information to reinforce older adult services. This information will assist the Los in identifying unmet needs, effectively developing plans,	e and Angel	substantiate the increased es County Area Agency on			

meet your needs.