**NC Division of Aging and Adult Services**

**COVID-19 Certification of Adult Day Services Provider Status**

**TO BE SUBMITTED TO DAAS WITHIN FIVE BUSINESS DAYS OF A CHANGE IN OPERATIONS RELATED TO COVID-19 RESPONSE**

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Day Services Program changed its operational status from closed/partially open/fully operational (please circle one) to closed/partially open/fully operational (please circle one) on (DATE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Center is Certified for \_\_\_\_\_\_\_\_\_\_\_ participants with a current enrollment of \_\_\_\_\_\_\_\_\_\_\_\_ participants.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized ADC/ADH Provider (Director)

Note: Please email the form to Glenda Artis at [Glenda.Artis@dhs.nc.gov](mailto:Glenda.Artis@dhs.nc.gov) within five business days of a change.