TEXAS Health and Human Services

Assisted Living and Residential Care/CBA Adult Foster Care

Daily Census Record

Form 3251
October 2004

Name of Facility	Vendor No.	Month and Year

CLIENT NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MONTHLY TOTALS						
																																A		PL	HL	D	EC	IEC

A = Admission
D = Discharge
= Present
EC = Emergency Care
PL = Personal Leave
IEC = Ineligible Emergency Care
HL = Hospital Leave

This is to certify that this is a correct daily census of DADS clients.

Signature

Date