Little Havana Activities and Nutrition Centers of Dade County, Inc
700 SW 8th Street Miami, FL 33130

EVENT LOG

Facility Name	Contact	Phone	Fax
Address		**Month**	**Year**

Member	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

X - Present A - Admit Date D - Discharge Date E - Emergency Room V - Home Visit H - Hospiutal M - Mental Health Inpatient R - Rehabilitation S - Skilled Nursing Facility

I have personally examined the information presented in this report. I certify that, to the best of my knowledge and belief, the contents of this document are true, accurate and complete statements

Please fax this document back to LHANC by the 20th of this month to: **1-888-331-3574**

Responsible Party Signature

Printed Name

Date