UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

**Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported): June 13, 2012

ADDUS HOMECARE CORPORATION
(Exact name of registrant as specified in its charter)

Delaware	001-34504	20-5340172
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification Number)

2401 South Plum Grove Road, Palatine, Illinois	**60067**
(Address of principal executive offices)	(Zip Code)

(847) 303-5300
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure

On June 14, 2012, Mark Heaney, President and Chief Executive Officer, and Dennis Meulemans, Chief Financial Officer, of Addus HomeCare Corporation, are scheduled to make a presentation to investors at the Sidoti & Company Investment Conference. A copy of the slides used in this investor presentation is attached hereto as Exhibit 99.1 and is incorporated by reference herein.

In accordance with General Instruction B.2 of Form 8-K, the information in this Current Report on Form 8-K, including the exhibit, shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, and shall not be incorporated by reference into any registration statement or other document filed under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits:

Exhibit No.	Description
99.1	Investor Presentation of Addus HomeCare Corporation dated June, 2012

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ADDUS HOMECARE CORPORATION

Dated: June 13, 2012

By:	**/s/** Dennis Meulemans
Name:	**Dennis B. Meulemans**
Title:	**Chief Financial Officer**

Exhibit Index

Exhibit No.	Description
99.1	Investor Presentation of Addus HomeCare Corporation dated June, 2012

Exhibit 99.1

Sidoti & Company Investment Conference
June 2012

WE ARE ADDUS HOMECARE

WE LIVE OUR BELIEFS & VALUES

WE COMMUNICATE WE CARE WE SUPPORT HEALTH AND WELLNESS WE PROMOTE OUR COMPANY WE VALUE DIVERSITY WE ARE DEPENDABLE WE CELEBRATE OUR EVERYDAY HEROES WE KEEP OUR PROMISES WE ARE PROFESSIONAL WE ARE FRIENDLY AND FUN WE ENCOURAGE PERSONAL GROWTH WE ARE COMPASSIONATE

Mission Statement

It is the primary mission of Addus HealthCare to improve the health and well being of our consumers through the provision of quality, cost-effective health care services.

We will accomplish our goals by fostering an environment in which our employees enthusiastically support and advance our mission.

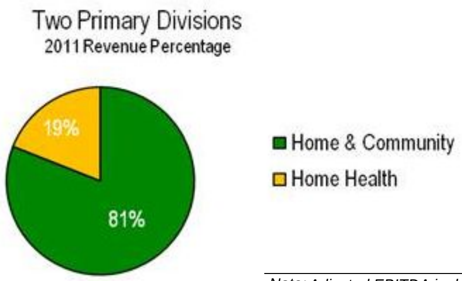
Reward for accomplishing our mission includes pride in our organization, contribution to the community and a reasonable profit.

Forward-Looking Statements

The following information contains, or may be deemed to contain, forward-looking statements. By their nature, forward-looking statements involve risks and uncertainties because they relate to events and depend on circumstances that may or may not occur in the future. The future results of Addus may vary from the results expressed in, or implied by, the following forward-looking statements, possibly to a material degree, and historical results may not be an indication of future performance. For a discussion of some of the important factors that could cause Addus' results to differ from those expressed in, or implied by, the following forward-looking statements, please refer to Addus’ most recent Annual Report on Form 10-K, and its Quarterly reports on Form 10-Q, each of which is available at www.SEC.gov, particularly the Sections entitled “Risk Factors”. Addus undertakes no obligation to update or revise any forward-looking statements, except as may be required by law.

About Addus

- Founded in 1979
- Comprehensive provider of social and medical services in the home, focused primarily on the Dual Eligible population:
  - Personal Care
  - Home Health
  - Private Duty
  - Adult Day Service
- 13,000+ employees
- 26,000+ consumers (many dual eligible)

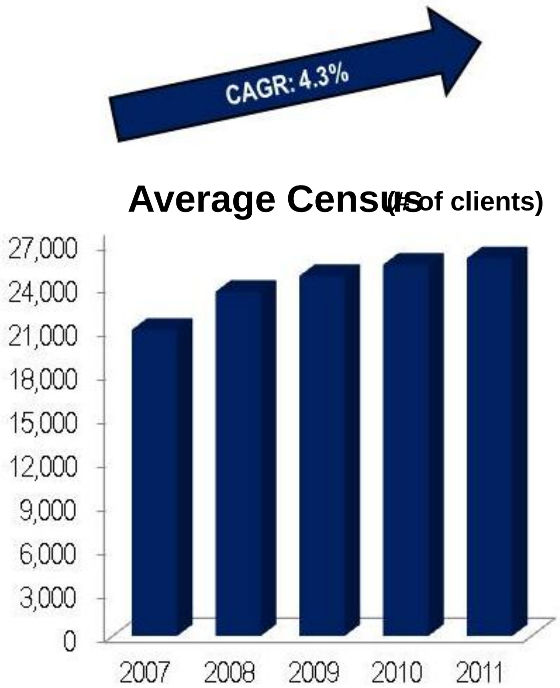


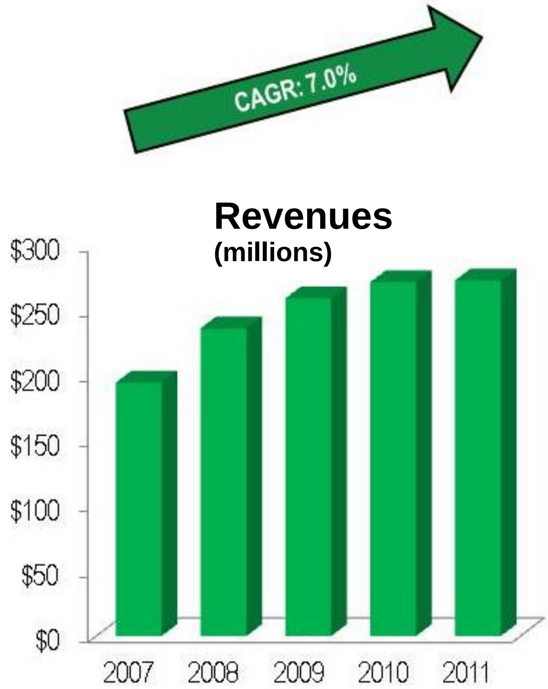
118 Locations Across 19 States

- Diversified payor base (200+ payors)
  - Largest payor - 43% of 2011 total revenues
  - Medicare - 12% of 2011 total revenues
- 2011 revenues of $273.1 million and Adjusted EBITDA of $15.2 million

Note: Adjusted EBITDA is defined as earnings before goodwill and intangible asset impairment charge, revaluation of contingent consideration, net interest (income) expense, taxes, depreciation, amortization, and stock-based compensation expense. Adjusted EBITDA is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP.

Average Census and Revenue Trends





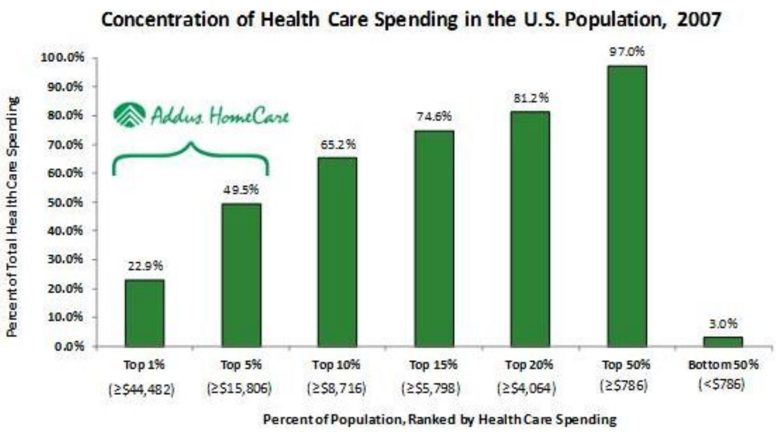
Addus HealthCare

Our Clients

Facts: Nearly 75% of those who live to 85 will eventually need assistance at home.

Approximately 50% of US healthcare spending is concentrated in 5% of the population.

97% of healthcare spending is concentrated on 50% of the population.



Addus provides care for the 5% of the population that is the most costly!

Source: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), 2007

Addus Client Profile and Economics

	Home & Community	Home Health
Average length of Service	20 months	2.7 months
Average Reimbursement per Client	$16,199 (1)	$3,199 (2)
Gross Profit per Client Episode	$4,244	$1,468
Gross Margin Percentage	26.2%	45.9%

Note: Data as of December 31, 2011

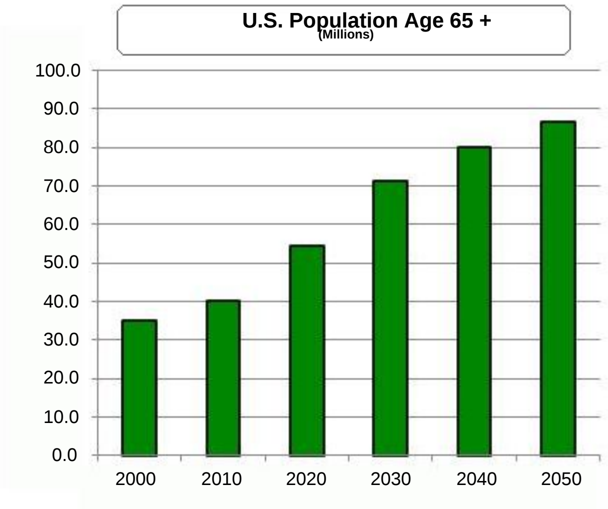
(1) Home & Community revenues for the calendar year 2011 of $221.5 million divided by average weekly census for 2011 of 22,786 divided by 12 months multiplied by 20 months.

(2) Based on average Medicare revenues per episode completed for calendar 2011 of $2,399 and average length of service of 2.7 months.

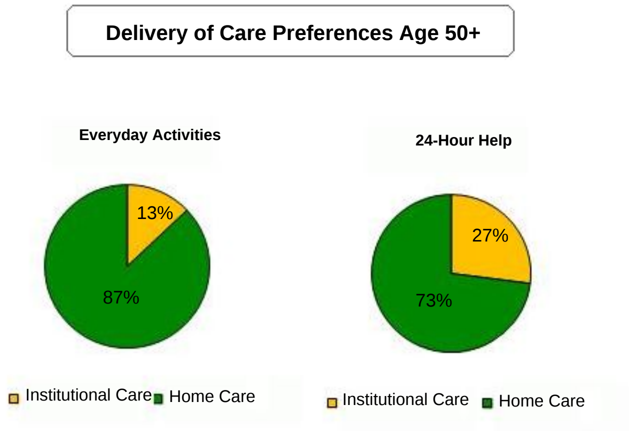
(3) Gross Margin as a percentage of revenue base on the year ended December 31, 2011.

Trends & Preferences

10,000 Americans Turn 65 Every Day!



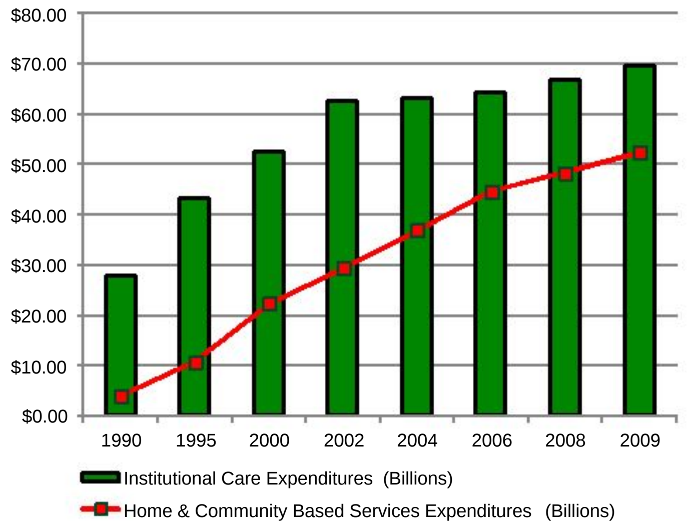
Source: Wan He, Manisha Sangupta, Victoria A. Velkoff and Kimberly A. DeBarros. National Institute on Aging Report: " 65+ in the United States: 2005," (December 2005).



Source: Mary Jo Gibson. AARP Public Policy Institute: " Beyond 50 2003: A Report to the Nation on Independent Living and Disability," http://assets.aarp.org/rgcenter/il/beyond_50_il_1.pdf. Note: Home Care includes care administered in the home by friends, family, or an agency. Institutional care includes care that is provided in an assisted living or residential setting, nursing home or other.

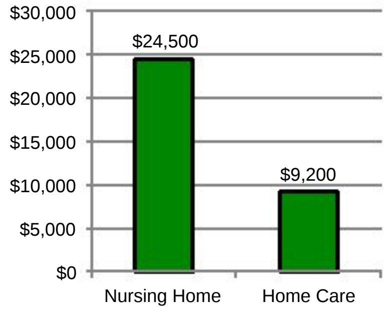
Growth in Long-Term Care Expenditures

Medicaid Long Term Care Expenditures



SOURCE: KCMU and Urban Institute analysis of HCFA/CMS-64 data. June 2011

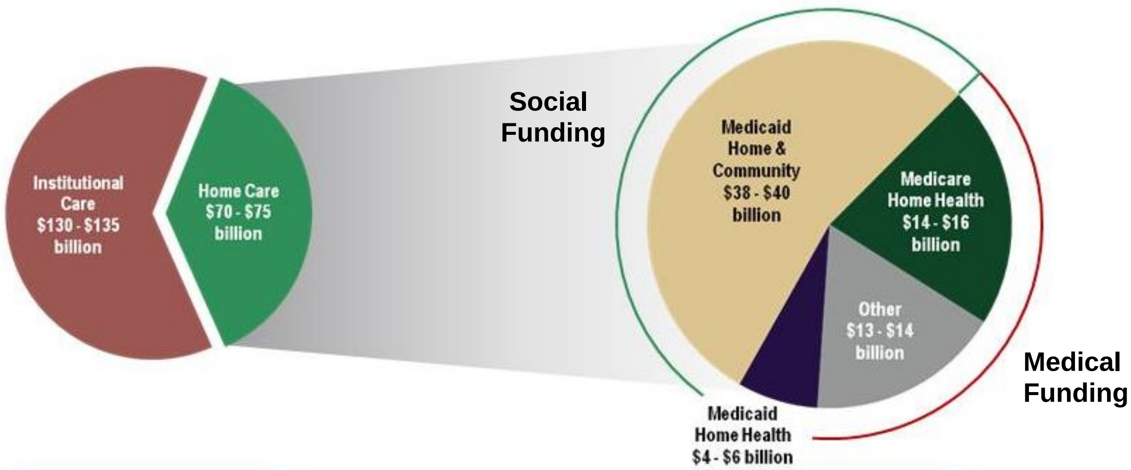
Medicaid Spending per Beneficiary



Source: Kassner, Reinhard, Fox-Grage, Houser, Accius, Coleman and Milne. AARP Public Policy Institute: "A Balancing Act: State Long-Term Care Reform," July 2008

Current Market Opportunity

Long-Term Care Market | **Home Care Market**



$200 - $210 billion | **$70 - $75 billion**

Source: Company estimates based on: Georgetown University Long-Term Care Financing Project. "Medicare and Long-Term Care," (February 2007), http://ltc.georgetown.edu/pdfs/medicare0207.pdf and Center for Medicare and Medicaid Services. "National Health Expenditure Projections 2008-2018," http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2008.pdf, and MedPAC. "A Data Book: Healthcare spending and the Medicare program: June 2010," http://www.medpac.gov/chapters/Jun09DataBookSec9.pdf.

Addus Dual Advantage SM

"The Pre-Acute Solution . . . .

to the Post-Acute Problem" SM

Dual Eligible – What is the Opportunity?

Medicare Program

- ***Populations 65+ years***
- ***Hospital Services (Part A)***
  - *Post Acute Care SNF / Rehab*
- ***Professional Services (Part B)***
  - *Post acute Home Care Services*
- ***Prescription Services (Part D)***
- ***Duals Represent 36% of Total Medicare Spending***

Medicaid Programs

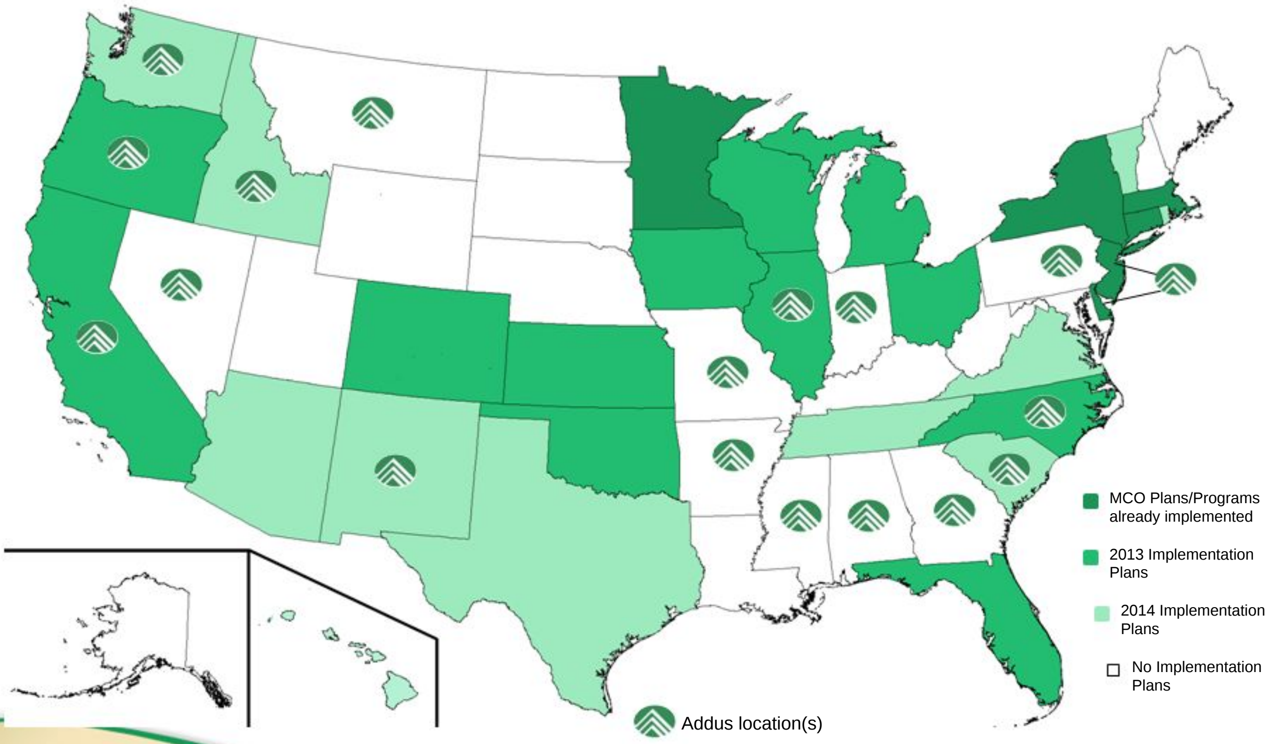
- ***Populations 65+ years w Income limits***
- ***Home Based Personal Care***
- ***Long term Nursing Home Care***
- ***Duals Represent 39% of Total Medicaid Spending***
- ***70% of Medicaid Spending is for Long Term Care***

Pilot Program Features / Objectives

- ***Total $300 Billion in annual spending for dual eligible enrollees in 2007***
- ***Funding for both programs administered through the States***
- ***26 States have indicated they will participate over the next 3 years***
- ***Each State will decide on the size, nature and timing of the pilots***
- ***Approximately 3.2 million covered lives of an estimated 9 million lives to be in pilots***
- ***Bids are being solicited from multiple "Managed Care Companies"***
- ***Stated Objectives - Eliminate service duplication / streamline administration***
- ***Health Plan Secondary Objectives:***
  - ***Keep member functioning in the home environment***
  - ***Avoid / lower the cost for Acute Care services***

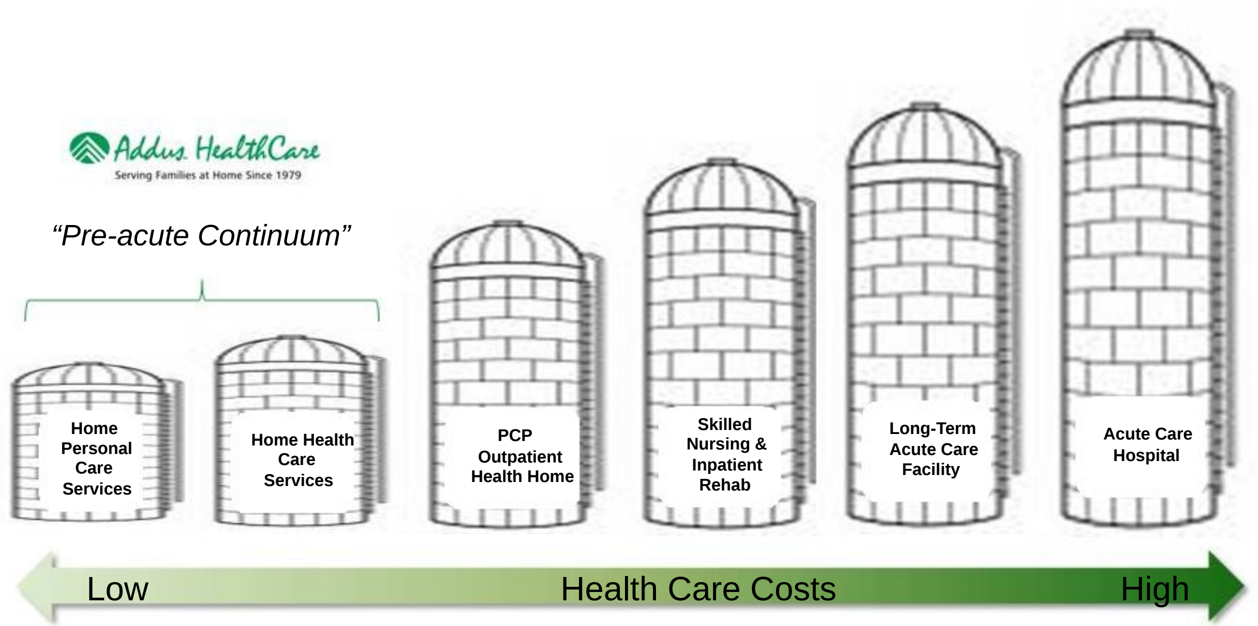
Sources: Kaiser Commission on Medicaid and the Uninsured, May 2011

Dual Eligible Programs – State Strategies



Source: Kaiser Commission on Medicaid and the Uninsured, May 2012

The Current Delivery System



- The current system "silos" provide care with little communication between the pre and post-acute disciplines, resulting in a lack of continuity, which means great opportunity to improve outcomes
- Existing infrastructure fails to manage the Member along the pre-acute continuum

Health Plan's Nightmare: $9,200 vs. $93,000

In-Home Personal
Care
$9,200/year

Vs.

Emergency
Room
$1,700/visit

Ambulance
$1,000/ride

Total Episodic Cost
& one-year of
Nursing Home
$92,700

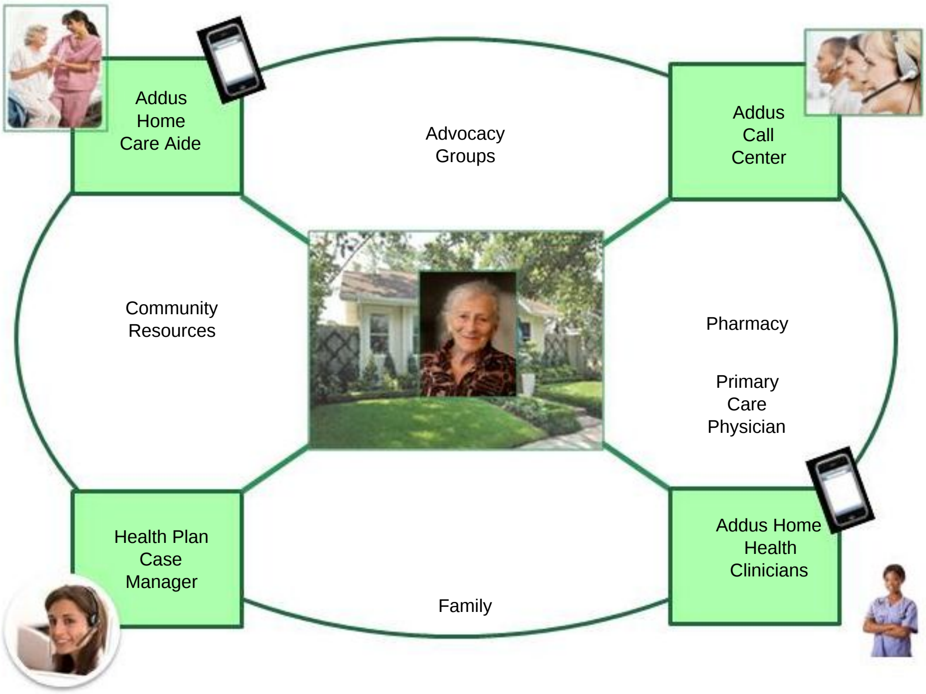
Acute Care Hospital
$37,500/stay

Nursing Home
$24,000/year

Rehab Facility
$28,500/stay

Sources: Consumer Health Ratings.com
CMS.gov

Home Care Integrated Clinical Strategy Begins In The

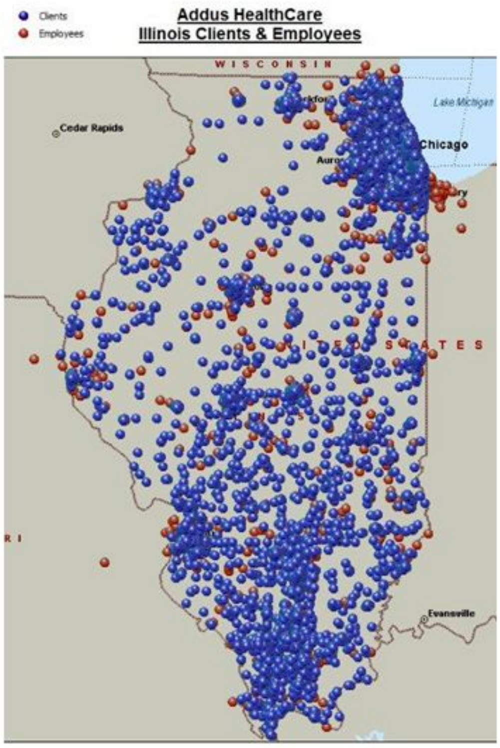


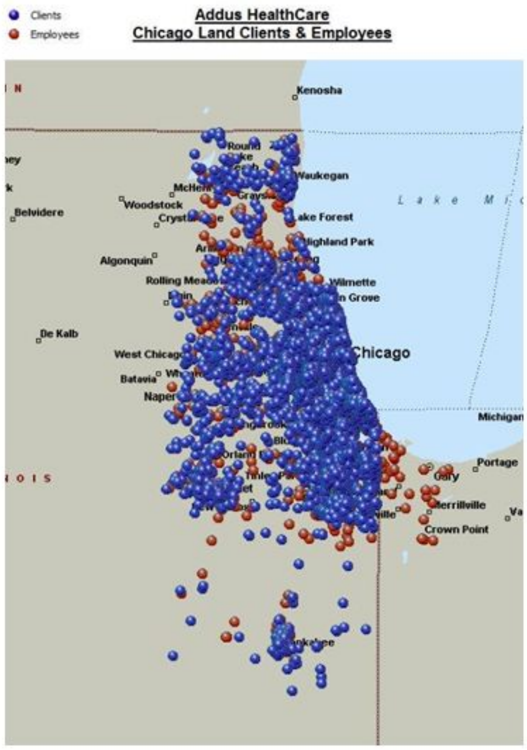
The Addus Difference Integrated Pre-Acute Services

Addus Integrated Pre-Acute Services:

- Continuous monitoring of client / member medical condition(s)
- Coordination of medical care with healthcare team
- Early identification of disease processes
- Early intervention / lower costs
- Reduced pain and suffering
- Improved quality of life
- Lower costs

The Addus Difference – Care Management Extension M



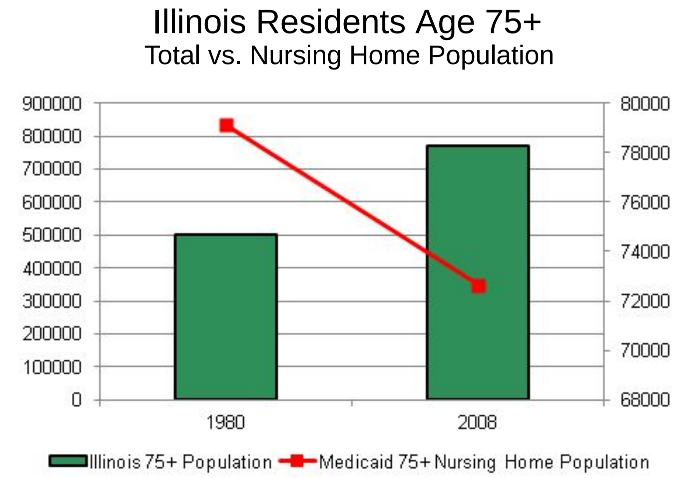


Results

. . . and the results are!

Results – Home Care Programs Improve Outcomes

HCBS Strategies: Illinois Study Reveals Significant Savings



Source: CCP Cost Effectiveness: Comparison of CCP growth with Nursing Facility Prevalence Reductions
HCBS Strategies Inc. February 10, 2010

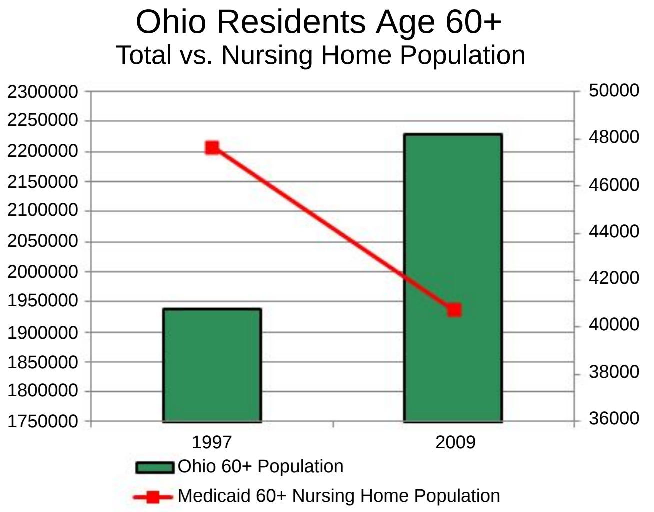
Conclusions:

Over a 28-year period, corresponding to the development of the State's "Community Care" Home Care Program:

- The nursing home population of residents over age 75 declined by 8% in spite of the total 75+ population increasing by 54%.
- The study suggests that 2008 State and Federal annual Nursing Home Savings in Illinois equated to $799 million.

Results – Home Care Programs Improve Outcomes

Scripps Gerontology Center: Ohio Study Reveals Significant Savings



Source: Coming of Age: Tracking the Progress and Challenges of Delivering Long-Term Services and Supports in Ohio
Scripps Gerontology Center, Miami University of Ohio, June 2011

Conclusions:

Over a 12-year period corresponding to the State's "Passport" Home Care Program:

- The nursing home population of residents over age 60 declined by 14.5% in spite of the total 60+ population increasing by 15%.
- The study suggests that the State's annual Nursing Home Savings equates to $541 Million.

Summary Financial Information

First Quarter 2012

First Quarter 2012 Summary

- **Total net service revenues up 1.6% to $66.8M**
  - Home & Community increased 5.1% to $56.9M
  - Home Health decreased 6.6% to $11.9M after considering the one-time adjustment to accrued Medicare estimates of $0.9M
- **Adjusted EBITDA of $2.2M, compared to $3.0M in Q1 2011**
- **Net income of $0.6M, or $0.06 per diluted share, compared to $0.9M, or $0.08 per diluted share in 2011**
- **Cash flows used in operations were $1.3M, compared to $11.5M generated from operations in Q1 2011. Subsequent to the Quarter end we received $16.0M in payments from the State of Illinois above normal levels.**
- **Accounts receivable DSO were 96 days compared to 94 days as of December 31, 2011**

Condensed Consolidated Statements of Income

($ in millions
except per share amounts)

	For the Year Ended December 31,					For the Three Months Ended[3]	
	2007	2008	2009	2010	2011[1]	3/31/2011	3/31/2012[2]
Net service revenues	$ 194.6	$ 236.3	$ 259.3	$ 271.7	$ 273.1	$ 66.8	$ 67.9
Gross profit	55.3	69.1	76.6	79.9	81.8	19.0	18.6
Gross profit %	*28.4%*	*29.2%*	*29.5%*	*29.4%*	*30.0%*	*28.4%*	*27.4%*
Total operating expenses	50.3	58.2	64.8	67.9	70	17.0	17.1
Net income	0.2	4	3.6	6	7.7	0.9	0.6
Net income (loss) attributable to common	(3.7)	(0.3)	(1.8)	6.0	7.7	0.9	0.6
Earnings (loss) per share	$ (3.62)	$ (0.24)	$ (0.66)	$ 0.57	$ 0.72	$ 0.08	$ 0.06

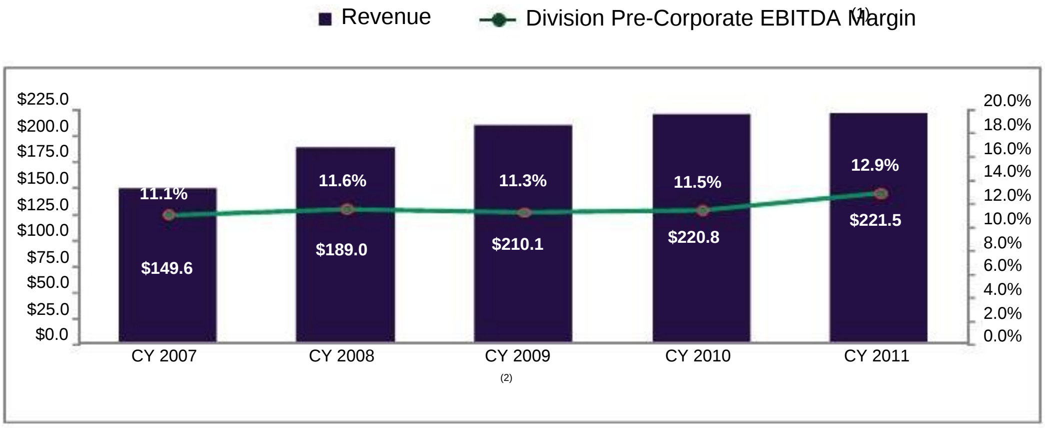
(1) - - Total operating expenses and net income for 2011 excludes a $16.0 million goodwill and intangible asset impairment charge. Net income includes $2.3 million of Illinois prompt payment interest income.

(2) - - Total operating expenses and net income for the first quarter of 2012 includes a $0.5 million gain on the sale of a Home Health agency. Net income includes $0.1 million of Illinois prompt payment interest income.

(3) - - Three month amounts for 2011 and 2012 are unaudited.

Home & Community Segment

($ in millions)



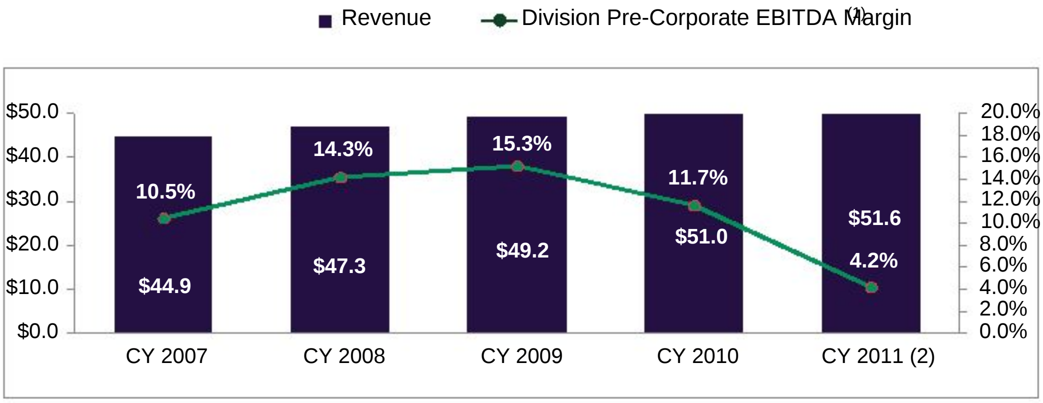
Home & Community	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011
Average Census	18,527	21,032	21,844	22,598	22,786
Billable Hours (in thousands)	10,421	12,139	12,835	13,132	13,066
Reimbursement Rate per Billable Hour	$14.36	$15.57	$16.37	$16.81	$16.95

(1) Pre-Corporate EBITDA is defined as division operating income plus depreciation and amortization. Pre-Corporate EBITDA margin is computed as the percentage of Pre-Corporate EBITDA to revenue for the applicable period. Pre-Corporate EBITDA is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP. Pre-Corporate EBITDA margin is computed as the percentage of Pre-Corporate EBITDA to revenue for the applicable period.

(2) Includes incremental increase in bad debt expense of $1.5 million, recorded in the fourth quarter of 2009.

Home Health Segment

($ in millions)



Home Health	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011
Average Census	2,565	2,683	2,955	2,976	3,232
% of Medicare Revenues	55.1%	58.3%	61.3%	64.1%	64.8%
Medicare Episodic Amount	$2,563	$2,606	$2,569	$2,634	$2,399

(1) Pre-Corporate EBITDA is defined as division operating income plus goodwill and intangible asset impairment charge plus depreciation and amortization. Pre-Corporate EBITDA margin is computed as the percentage of Pre-Corporate EBITDA to revenue for the applicable period. Pre-Corporate EBITDA is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP. Pre-Corporate EBITDA margin is computed as the percentage of Pre-Corporate EBITDA to revenue for the applicable period.

(2) Pre-Corporate EBITDA for 2011 excludes a $16.0 million goodwill and intangible asset impairment charge.

Summary Balance Sheet

($ in millions)

Key Balances	12/31/2010	12/31/2011	3/31/2012
Cash	$0.8	$2.0	$ 1.3
Accounts receivable, net	71.0	72.4	73.8
Total assets	166.9	154.7	154.4
Debt, including current maturities	45.2	31.5	31.9
Stockholders' equity	88.1	86.4	87.1
Debt to capital ratio	33.9%	26.7%	26.8%

Addus HealthCare

Investment Highlights

- Large & Growing Market
- Broad Range of Services and Payors
- Differentiated, Integrated Care Model
- Positioned to Excel under Healthcare Re
- Significant Operational Scale Across National Footprint
- History of Growth through Acquisition
- Multiple Organic Growth Opportunities
- Experienced Management Team

Addus HealthCare

Pre-Corporate Divisional EBITDA by Reporting Seg

($ in millions)

Home & Community

	Year Ended					Three Months Ended	
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	3/31/2011	3/31/2012
Net Service Revenues	$149.6	$189.0	$210.1	$220.8	$221.5	$54.1	$56.9
Cost of Service Revenues	(113.8)	(141.8)	(156.6)	(164.6)	(163.4)	(40.8)	(42.6)
General & Administrative	(19.2)	(25.2)	(29.7)	(30.7)	(29.4)	(7.4)	(7.4)
Division Pre-Corporate EBITDA	**$16.6**	**$22.0**	**$23.8**	**$25.5**	**$28.7**	**$5.9**	**$6.9**

Home Health

	Year Ended					Three Months Ended	
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011 (1)	3/31/2011	3/31/2012 (2)
Net Service Revenues	$44.9	$47.3	$49.2	$51.0	$51.6	$12.7	$11.0
Cost of Service Revenues	(25.5)	(25.4)	(26.1)	(27.2)	(27.9)	(7.0)	(6.7)
General & Administrative	(14.7)	(15.2)	(15.6)	(17.8)	(21.5)	(4.9)	(5.5)
Division Pre-Corporate EBITDA	**$4.7**	**$6.7**	**$7.5**	**$6.0**	**$2.2**	**$0.8**	**$(1.2)**

Note: Pre-Corporate EBITDA is defined as division operating income plus goodwill and intangible asset impairment charge plus depreciation and amortization. Pre-Corporate EBITDA margin is computed as the percentage of Pre-Corporate EBITDA to revenue for the applicable period. Pre-Corporate EBITDA is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP. 3/31/2012 and 3/31/2011 amounts are unaudited.

(1) Home Health division's general & administrative expenses and Pre-Corporate EBITDA for 2011 excludes a $16.0 million goodwill and intangible asset impairment charge.

(2) Q1-2012 net service revenues and Division Pre-Corporate EBITDA for the Home Health division includes a $0.9 million reduction of estimates of accrued Medicare revenues.

Adjusted EBITDA Reconciliation

($ in millions)

	Year Ended					Three Months Ended	
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	3/31/2011 (3)	3/31/2012 (3)
Net Income (loss)	$0.2	$4.0	$3.6	$6.0	$(2.0)	$0.9	$0.6
Goodwill and intangible asset impairment charge	--	--	--	--	16.0	--	--
Revaluation of contingent consideration	--	--	--	--	(0.5)	--	--
Interest Income	--	--	--	(0.2)	(2.2)	--	--
Interest Expense	4.8	5.8	6.8	3.2	2.5	0.7	0.4
Income Tax Expense	0.1	1.1	1.4	3.0	(2.5)	0.4	0.5
Depreciation & Amortization	6.0	6.1	4.9	4.0	3.6	0.9	0.6
Severance Costs Related to Former Chairman (1)	--	--	1.2	--	--	--	--
Stock-based Compensation Expense	0.9	0.2	0.3	0.3	0.3	0.1	0.1
Adjusted EBITDA (2)	**$12.0**	**$17.2**	**$18.2**	**$16.3**	**$15.2**	**$3.0**	**$2.2**

(1) Included as one-time charge associated with the Company's IPO completed in November 2009.

(2) Adjusted EBITDA is defined as earnings before goodwill and intangible asset impairment charge, revaluation of contingent consideration, net interest (income) expense, taxes, depreciation, amortization, severance costs for former employees, and stock-based compensation expense. Adjusted EBITDA is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP.

(3) 3/31/2011 and 3/31/2012 amounts are unaudited.

Divisional EBITDA Reconciliation

($ in millions)

Home & Community

	Year Ended					Three Months Ended	
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	3/31/2011	3/31/2012
Operating Income	$12.7	$17.6	$20.4	$22.7	$26.2	$5.3	$6.4
Depreciation & Amortization	3.9	4.4	3.4	2.8	2.4	0.6	0.5
Divisional EBITDA[(1)]	**$16.6**	**$22.0**	**$23.8**	**$25.5**	**$2.86**	**$5.9**	**$6.9**

Home Health

	Year Ended					Three Months Ended	
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	3/31/2011	3/31/2012
Operating Income (loss)	$3.5	$5.8	$6.8	$5.3	$(14.2)	$0.7	$(1.2)
Goodwill and intangible asset impairment charge	--	--	--	--	16.0	--	--
Depreciation & Amortization	1.2	0.9	0.7	0.7	0.4	0.1	0.0
Divisional EBITDA[(1)]	**$4.7**	**$6.7**	**$7.5**	**$6.0**	**$2.2**	**$0.8**	**$(1.2)**

(1) Divisional EBITDA is defined as divisional operating income plus goodwill and intangible asset impairment charge, and depreciation and amortization. Divisional EBITDA is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP.