

New instructions for Box 9: If the staff member is not currently working, indicate the reason by marking an “F” (Furloughed=laid off for a period of time) or an “L” (On Leave).

1. Licensee Name				2. Hours of Service	
3. Licensed Capacity:			4. ADA for previous quarter:		
5. Center Name			6. Also provides Adult Day Program Services? Yes No		
7. Signature of Administrator or Program Director				Date	
Staffing	8. Name	9. Scheduled # of hours per month	10. Date of hire	11. License/ Registration/ Certification	
				Number	Expiration Date
Administrator					
Program Director					
Registered Nurse(s)					
Licensed Vocational Nurse(s)					
Social Worker(s)					
Social Work Assistant(s)					
Activity Coordinator					
Aides					
Physical Therapist (PT)					
PT Assistant					
PT Aide(s)					
Occupational Therapist (OT)					
Certified OT Assistant (COTA)					
OT Aide(s)					

