STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING STAFFING/SERVICES ARRANGEMENT CDA ADH 0006 (REV 04/2020)



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 Capacit	y:	4. ADA fo	4. ADA for previous quarter:				
5. Center Name	6. Also pro	6. Also provides Adult Day Program Services?					
		Yes No					
7. Signature of Adn	ninistrator or Program Directo	or		Date			
Staffing	8. Name 9.	Scheduled	10. Date of	11.License/ Registration/			
		# of hours		Certification			
		per month	hire	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)							

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Staffing	8. Name	9. Scheduled # of hours per month	10. Date of hire	11. License/ Registration/ Certification	
				Number	Expiration Date
Speech Therapist					
Staff Physician					
Psych Consultant					
Dietitian					
Drivers					
Pharmacist					
Other Staff Positions					