

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
AGENCY CONTACTS DESIGNATION FORM
 CDA 045 (REV 07/2017)



AAA Number:	Submission Date:
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AAA INFORMATION: (Only required if there is an update) * Change Requires STD 204		
*Legal Name:		
DBA Name:		
*Business Address:	City, State, Zip:	
*Mailing Address:	City, State, Zip:	
Email:	Website:	
:	:	I & A Line:

CONTACT INFORMATION:						Action:
First Name:		Last Name:		Title:		
Email:		:	:	:	:	
Program:						
Area Plan	Financial Alignment	HICAP	MIPPA	SCSEP/Title V	SNAP-Ed	
Role:						
Admin Assistant	Contracts Rep.	Disaster Coord.	Director	Fiscal		
Info & Assist Coord.	Nutritionist	Ombudsman Coord.	Planner	SCSEP Coord.		

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AAA Director's Signature: _____ Date: _____

Once completed, email this form to AAAcontactinfo@aging.ca.gov.