STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
PROPOSAL TO SHARE SPACE
CDA ADH 0007 (REV 2/2024)

Applicant Name:	
Applicant Address:	
Center Name:	
Center Address:	
Contact Person:	Phone:
What is the building occupancy capacity which has been established for fire safety?	

Complete the following, describing the program(s) that would share space with the ADHC Center.

Program Name	Days of Operation	Hours of Operation	Occupancy or Licensed Capacity
Adult Day Program	M☐ T☐ W☐ Th☐ F☐ S☐ Su ☐		
	M☐ T☐ W☐ Th☐ F☐ S☐ Su ☐		
	M☐ T☐ W☐ Th☐ F☐ S☐ Su ☐		
	M☐ T☐ W☐ Th☐ F☐ S☐ Su ☐		

Describe how these programs will operate and share space:

Attach a rough sketch (floor plan) of the existing or proposed facility including:

a) **Square footage of areas to be used for each program;**
b) **Areas for each basic ADHC service; and**
c) **Which space will be shared (shared space means the mutual use of exits and entrances, offices, hallways, bathrooms, treatment rooms, and dining rooms by the adult day health center and another program(s)) by the programs identified above.**

I hereby certify that:

- The use of shared space does not jeopardize the welfare of the participants or other clients.
- The space used by the ADHC center is not essential to meet the other programs' licensing requirements.
- The shared use does not exceed the occupancy capacity established for fire safety.
- Each entity will schedule services and activities at separate times (this does not apply to space used for meals or to space used by another licensed adult day services program).

Signature of Provider or Legal Representative: Date: