

STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**STAFFING/SERVICES ARRANGEMENT**  
 CDA ADH 0006 (REV 05/2022)



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)					

