

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
AGENCY CONTACTS DESIGNATION FORM
 CDA 45 (REV 04/2019)



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:	
*Remit to Address:	City, State, Zip:	
Email:	Website:	
Public Line:	Fax:	I & A Line:

CONTACT INFORMATION Action:

First Name:	Last Name:	Title:				
Email:	Business:	Fax:				
Program:	Area Plan	Financial Alignment	HICAP	MIPPA	Title V/SCSEP	SNAP-Ed
Role:	Admin Assistant	Disaster Coord.	Info & Assist Coord.	SCSEP Coord.	Title IIIC Coord.	
	Contracts Rep.	Director	Ombudsman Coord.	SNAP-ED Coord.	Title IIID Coord.	
	Dietitian	Fiscal Officer	Planner	Title IIIB Coord.	Title IIIE Coord.	

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AAA Director's Signature: _____ Date: _____

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