

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
Robotic Companion Pets- Ombudsman
 CDA 8000 (NEW 09/2021)



Date:	PSA:	Fiscal Month/ Year being reported:
Name of Person completing this report:	Email Address:	Phone #:

# Of Robotic Companion Pets Purchased	# of Cats	# of Dogs	Comments
# Of Individual Residents Served			
# Of Skilled Nursing Facilities Impacted			
# Of Residential Care Facilities for the Elderly Impacted			
# Of Other Licensed Long-Term Care Facility Settings Impacted			

How were recipients of a robotic companion pet identified?	Please Explain:
How were the robotic companion pets provided to residents?	Please Explain:
What was the impact of the Project on residents, LTC facilities, and the LTC Ombudsman Program?	Please Explain:
Did you experience any Challenges with the Robotic Companion Pets Project?	Please Explain:

FOR STATE USE ONLY		
Ombudsman Program Analyst:	Date Reviewed:	Date Approved: