

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
PERSONAL IDENTIFYING INFORMATION INSTRUCTIONS
CDA 7006i (REV 03/2024)



Background: The Personal Identifying Information form (CDA 7006) is required by every applicant and/or provider as part of the complete application for initial and continued enrollment and certification as a Community-Based Adult Services (CBAS) Medi-Cal provider, and when facility and/or corporate changes occur. Individuals required to complete this form include owners, management company/agency staff, board members, administrator, assistant administrator, program director, assistant program director, and office/business manager.

(Reference: 42 Code of Federal Regulations §455.104, California Welfare & Institutions Code §14043.2(a), California Code of Regulations, Title 22, §51000.35)

Instructions: Enter all requested information.

1. Enter the legal name of the CBAS Center.
2. Enter the ADHC licensee's legal name. This name should match the name on the ADHC license.
3. Enter your legal name.
4. Enter your title in relation to the CBAS center by checking the appropriate box(es).
5. Enter your date of birth in the MM/DD/YYYY format.
6. Enter your nine-digit Social Security number.
7. Enter your driver's license number or state-issued identification number and the state of issuance. Attach a current and legible copy of the driver's license or state-issued identification.