



STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING **STAFFING/SERVICES ARRANGEMENT** CDA ADH 0006 (REV 02/2024)

1. Center Name		2. Licensed Capacity		3. ADA (prior quarter)		
4. Also provides Adult Day Program Services? Yes □ No □			5. Days of Operation		6. Hours of Operation	
7. Printed Name and Signature of Administrator or PD		8. Date		9. Hours of Service (Program Hours)		
Staff Position	10. Printed Name	11. Scheduled Days	12. Scheduled Hours	13. Date of Hire	14. License Number	15. License Expiration
Administrator						
Program Director						
Registered Nurse(s)						
Licensed Vocational Nurse(s)						
Social Worker(s)						

Staff Position	10. Printed Name	11. Scheduled Days	12. Scheduled Hours	13. Date of Hire	14. License Number	15. License Expiration
Social Work Assistant(s)		,				
Activity Coordinator						
Physical Therapist (PT)						
PT Assistant						
PT Aide(s)						
Occupational Therapist (OT)						
Certified OT Assistant (COTA)						
OT Aide(s)						
Other Program Aides						

Staff Position	10. Printed Name	11. Scheduled Days	12. Scheduled Hours	13. Date of Hire	14. License Number	15. License Expiration
Speech Therapist						
Psych Consultant						
Registered Dietitian						
Staff Physician						
Pharmacist						
Drivers						
Meal Service Vendor						
Staff in charge of Food Service Operations						
Transportation Service Vendor						
Other Staff Positions						