

Adult Day Health Care

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 Number 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)					
SPEECH THERAPIST					
STAFF PHYSICIAN					
PSYCH CONSULTANT					
DIETITIAN					
PHARMACIST					
OTHER STAFF POSITIONS					
SERVICES	12. NAME OF PROVIDERS				
MEALS:					
TRANSPORTATION:					

Adult Day Health Care
INSTRUCTIONS FOR COMPLETING THE
STAFFING/SERVICES ARRANGEMENT (ADH 0006)

The Staffing/Services Arrangement (ADH 0006) provides information on current staff employed and services provided at the Center. Please submit an ADH 0006 to the ADHC Branch when professional staffing changes occur.

An electronic version of this form is available on the California Department of Aging's website: www.aging.ca.gov. To find this form, click on the ADHC tab, ADHC Forms, then select "Staffing/Services Arrangement" (ADH 0006) (Rev. 10/10). If this technology is unavailable to you, photocopy the form and use it as the center's original.

INSTRUCTIONS FOR COMPLETING THE ADH 0006

Box #1: Enter the Licensee Name for your organization.

Box #2: Enter the Center's Hours of Service (Program Hours) (as defined in Health and Safety Code Section 1570.7(h)).

Box #3: Enter the Center's licensed capacity as indicated on the Center's ADHC license.

Box #4: Enter the Center's average daily attendance (ADA) for the previous quarter from the month this form is being completed. For example, if this form is signed on October 1, 2010, total the ADA for the months of July, August and September 2010 and divide by three to obtain the ADA for the previous quarter.

Box #5: Enter the Center's name.

Box #6: Circle "Yes" or "No" to indicate if the Center also provides Adult Day Program services.

Box #7: The Center's Administrator or Program Director must sign and date this form to indicate all information is current.

Box #8: Enter the name of each staff. For staff that have an approved program flexibility, enter "(PF)" next to their name. (e.g., Administrator (PF))

Box #9: Enter the staff's scheduled hours per month (e.g., 160 hrs)

Box #10: Enter the staff's date of hire (e.g., 04/11/10).

Box #11: Enter the license, registration, or certification number and expiration date for staff, if applicable.

Box # 12: Enter the name of the meal and transportation providers.