

STAFFING PLAN: ASSISTED LIVING HOME
State of Alaska
Department of Health & Social Service
Division of Health Care Services
Certification and Licensing

Please complete this form by describing a complete staffing plan for the Home. The staff plan must include management, caregivers, volunteers, contract personnel, intermittent nursing services and any other employees of the Home. Please also attach descriptions of each position's responsibilities and an organizational chart.

Home Name: _____ Physical Location: _____

ONSITE SCHEDULE

NAME - POSITION	DAYS OF WEEK (M - SU)	HOURS (8:00 am– 4:00 pm)
Administrator		
Designee		

I have submitted a complete staffing plan and am prepared to modify the proposed staff plan to meet the terms of an individual residential services contract or an assisted living plan.

 Printed Name of Owner or Administrator

 Signature of Owner or Administrator

 Date