

ASSISTED LIVING HOME STAFFING PLAN

State of Alaska
Department of Health
Division of Health Care Services
Residential Licensing

Home Name: _____ Physical Location: _____

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.

ONSITE SCHEDULE

Position/Title	Name	Days of the Weeks	Hours

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