

**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**

<b>Position/Title</b>	<b>Name</b>	<b>Days of the Weeks</b>	<b>Hours</b>

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