

AFH-DD Plan of Daily Operation

Please complete the schedule below to reflect 24 hours of coverage for the operation of your AFH-DD.

Provider: _____ Co-Provider: _____

Resident Manager: *(if applicable)*: _____

AFH-DD Address: _____ Phone: _____

Who is the live in care provider: Provider Co-Provider Resident Manager

List the scheduled hours in a typical work week for all caregivers including Providers, Resident Managers, Caregivers and Respite Caregivers.

Caregiver	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Ex: Sutton Smith	8am-3pm	Off	Off	Off	8am-3pm	8am-3pm	8am-3pm
Ex: Kia Kebede	Off	3pm-10pm	3pm-10pm	3pm-10pm	Off	Off	Off
Ex: Mario Morales	10pm-8am						
Ex: Ahmad Anwar	Off	8am-3pm	8am-3pm	8am-3pm	Off	Off	Off
Ex: Caris Carter	3pm-10pm	Off	Off	Off	3pm-10pm	3pm-10pm	3pm-10pm

Provider Signature: _____ Date: _____

Co-Provider Signature: _____ Date: _____

If the Provider or Co-Provider operates more than one AFH-DD submit the Plan of Daily Operation for each AFH-DD.