ADMINISTRATIVE SUPERVISION ORGANIZATION

TYPE OR PRINT IN INK

STATE OF CONNECTICUT
DEPT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION
410 CAPITAL AVENUE
HARTFORD, CT 06134-0308

HOME HEALTH CARE AGENCY

Agency Name

Address (no. & Street) (City & Town) (State) (Zip)

Administrator (Per Section 19-13-D68 (d)	Supervisor of H-HHA Program Section 19-13-69 (d) (4) (c)
Administrator Supervisor (Per Section 19-13-D68 (e) (4)	RN w/other responsibilities (Section 19-13-D69 (d) (4) (c) HHA PROGRAM
Supervisor of Clinical Services (Per Section 19-13-D68 (e)	Physical Therapy Supervisor (Section 19-13-D67 (c)
	Occupational Therapy Supervisor (Section 19-13-D67 (d)
	Speech Therapy Supervisor (Section 19-13-D67 (e)
	Medical Social Worker Supervisor (Section 19-13-D67 (f)

Person designated to act in the absence of Administrator per Section 19-13D68 (d):

Name Title

Person designated to act in the absence of Supervisor of Clinical Services per Section 19-13D68(e)(5)

Name Title

OTHER PATIENT CARE SERVICE OFFICERS

Address	Address
Name of SCS	Name of SCS
RN to Act in Absence	RN to Act in Absence
H-HHA Supervisor	H-HHA Supervisor
Address	Address
Name of SCS	Name of SCS
RN to Act in Absence	RN to Act in Absence
H-HHA Supervisor	H-HHA Supervisor

DO NOT MAKE ENTRIES BELOW THIS LINE-FOR HOME HEALTH SECTION USE ONLY

INSPECTOR'S VERIFICATION Signature **X** Title Date