State of California—Health and Human Services Agency
California Department of Public Health

GAVIN NEWSOM
Governor

PROGRAM APPROVAL/NONAPPROVAL NOTICE
HOME HEALTH AIDE 40-HOUR PROGRAM

TO: Name and Address:

HHP: ____________________

Telephone Number: ____________________

Program Hours: ____________________

County: ____________________

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Program Expiration Date: __________

COMMENTS:

The program plan is incomplete/unsatisfactory regarding:

- ☐ Introduction to Aide and Agency Role
  (Minimum of **two (2) hours** *Theory required*
- ☐ Interpretation of Medical and Social Needs of people being served
  (Minimum of **five (5) hours** *Theory required*
- ☐ Personal Care Services
  (Minimum of **twenty (20) hours** required):
  Minimum of **five (5) hours** *Theory*
  Minimum of **fifteen (15) hours** *Clinical Practice*
- ☐ Cleaning and Care Tasks in the Home
  (Minimum of **five (5) hours** required):
  Three **(3) hours** *Theory*
  Two **(2) hours** *clinical*
- ☐ Nutrition
  (Minimum of **eight (8)** hours required):
  Five **(5) hours** *Theory*
  Three **(3) hours** *Clinical*
- ☐ Other **(See Comments Section)**

Linda Lorden, RN TPEN
Signature of TPRU Representative

Name/Title Date

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