

II. IMPLEMENTATION PLAN

B.

Indicate your projections for initial and full implementation dates of your district-wide the total, cumulative number of clients and provider agencies in your non-shared aide program the total, cumulative number of clients, sites, and provider agencies in your shared aide program. For those clients in your shared aide program, estimate the total number of hours which would be authorized under the non-shared aide program and the number of hours which will be authorized under the shared aide program. Specify site locations by naming actual cities/towns, or boroughs, or by briefly describing each appropriate intermediary implementation date shown, provide the same information. Depending on your district-wide plan, you may have no intermediary implementation stages, only a portion of the implementation stages shown, or more intermediary stages. If you have more stages than shown, or you need more information, attach a separate sheet of paper with the required information. If you have already reached full implementation of your district-wide plan, do not include intermediary stages.

Stage	Date Mon/Day/Yr	Shared Aide Program					
		Clients, Non- Shared Aide Program (#)	Clients (#)	Auth Hours, Non-Shared Aide Program (#)	Auth Hours, Shared Aide Program (#)	Shared Aide Sites (#)	Site Locations
Implementation, Initial							
Implementation, Intermediary	06/30/92						
	12/30/92						
	06/30/93						
	12/31/93						
	06/30/94						
Implementation, Full							