

EMPLOYMENT SUPPORT AIDE - QUARTERLY REPORT

Member's Name: _____ Member's DDD ID Number: _____
 Member's Job Title: _____ Member's Hire Date: _____
 Weekly Work Schedule: _____ Hours Worked Per Week: _____

Qualified Vendor's Name: _____ Contact Person's Name: _____
 Qualified Vendor's Mailing Address (No., Street): _____
 City: _____ State: _____ ZIP Code: _____
 Qualified Vendor's E-Mail Address: _____

Employer's Name: _____ Employer's Phone Number: _____
 Employer's Address (No., Street): _____
 City: _____ State: _____ ZIP Code: _____
 Supervisor's/Contact Person's Name: _____

Support Coordinator: _____ DDD Employment Specialist: _____

REPORT PERIOD

1st Quarter (due by April 15th) 2nd Quarter (due by July 15th) 3rd Quarter (due by October 15th) 4th Quarter (due by January 15th)

	Month / Year	Month / Year	Month / Year
Total Hours Worked			
Personal Care Service Authorized			
Personal Care Service Provided			
Behavioral Support Service Authorized			
Behavioral Support Service Provided			
Hours Job-Related Supports Authorized <i>(only available in follow-along)</i>			
Hours Job-Related Supports Provided <i>(only available in follow-along)</i>			
Member's Hourly Pay Rate			

SERVICE SETTING	
	Group Supported Employment
	Individual Supported Employment
	Follow-Along Services

BEHAVIORAL INTERVENTION

Outcome as stated in the Planning Document:

Progress made on listed outcome(s). If no progress, identify barriers and list plan of action:

FOLLOW-ALONG SERVICES

Outcome as stated in the Planning Document:

Progress made on listed outcome(s). If no progress, identify barriers and list plan of action:

EMPLOYMENT SUPPORT AIDE SERVICES LOG

Provide a detailed summary of services rendered, including a description of personal care activities, behavioral supports and job-related supports. Each contact entry must be signed by the Employment Support Aide. Attach additional sheets as necessary.

DATE	SERVICE HOURS	SUMMARY OF SERVICES RENDERED	EMPLOYMENT SUPPORT AIDE'S SIGNATURE

Qualified Vendor Administrator's / Designee's Name *(Print)* _____

Qualified Vendor Administrator's / Designee's Title _____

Qualified Vendor Administrator's / Designee's Signature _____ Date _____

Routing: Original - Support Coordinator

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.