DDD-1164A FORFF (8-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

ATTENDANT CARE PROGRESS NOTES

Individual's Name	(La	st,	Firs	st, N	Л.І.)	:																									
ASSISTS ID No.:										_	Sup	por	t Co	oor	dina	ator	's N	lam	e: _												
MONTH/YEAR												[DAY	/S	OF	ΤH	ΕN	101	۱T۲	Н											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22 2	3 2	24 2	25 2	26	27	28	29	30	31
ATTENDANT CARE HOURS:																															
																			TC	OTA	LH	lOUI	RS	FOI	R N	101	NTI	н:			
Progress/Outcome	э:																														
Behavioral Issues:	:																														
Medical Issues:																															
Comments:																															
Recommendations	S :																														
Barriers:																															
Provider's Signatu	re:																		Date:												
Responsible Perso	on's	Si	gna	ture	ə:																		Da	ate:							

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local