#### ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

**Employment Support & Services** 

# Pathways to Employment – Six-Month Report

Qualified Vendor's Nam	ne:									
	Qualified Vendor's Phone Number:									
REPORT PERIOD:	Janua	ary 1 to June 30 <i>(du</i>	e by July 31st)	July	July 1 to December 31 <i>(due by January 31st)</i>					
Qualified Vendor's Maili	ing Add	ress (No., Street): _								
City:				State:				ZIP Code:		
PTW Physical Site Addr	ess (No	o., Street):								
PTW Physical Site Address (No., Street):								ZIP Code:		
Qualified Vendor's E-ma	ail Addr	ess:								
					Referred for	Referred for	Made	Barriers as to why the member is not identified for a progressive move to		
Member's Name	Member's DDD ID No.	Original PTW Start Date	Date PTW Stopped	Community Integrated Employment (Yes / No)	Competitive	Progressive Move (Yes / No)	either GSE or competitive employment. In no barriers exist, none need to be noted. May also be used for notes specific to this member.			

Outcomes	Frequency		Way to Measure			
Of the members completing 12 months of participation, how many were newly identified for a progressive move to GSE or to VR for competitive employment?	Every six months	Through tracking results of each annual Planning Document and Quarterly Report that occurred during reporting period.	Total members served during six-month period from <u>January to June</u> :	Total number of members who were newly identified for a progressive move from January to June:	Percent of members newly identified for Group Supported Employment or Competitive Employment: (Divide members newly identified for a progressive move by total members served during six-month reporting period)	
			Total members served during one-year period from <u>January to December</u> :	Total number of members who are newly identified for a progressive move from January to December:	Percent of members newly identified for Group Supported Employment or Competitive Employment: (Divide members identified for a progressive move by total members served during twelve-month reporting period)	

Qualified Vendor Administrator's / Designee's Name (Print)							
Qualified Vendor Administrator's / Designee's Title							
Qualified Vendor Administrator's / Designee's Signature	Date						

## **Continuation Page**

Member's Name	Member's DDD ID No.	Original PTW Start Date	Date PTW Stopped	Referred for Community Integrated Employment (Yes / No)	Referred for Competitive Employment (Yes / No)	Made Progressive Move (Yes / No)	Barriers as to why the member is not identified for a progressive move to either GSE or competitive employment. If no barriers exist, none need to be noted. May also be used for notes specific to this member.

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Continuation Sheet:

Routing: Original - Employment Services Specialist(s)

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