DDD-1673A FORFF (4-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

AGENCY WITH CHOICE (AWC) - PROVIDER TRAINING REQUEST

	support Coordinator	 After completion for 	ward to the superv	ISOF
Me	ember's Name:			Date:
A۷	VC Services Received: (chec	k all that apply)		
	ATC HSK HAH	HAI		
Ag	jency's Name:			
Wł	hat knowledge, skills or abiliti	es does the provider need traini	ng in to be able to work with	this member?
	Support Coordinator	-		the second secon
	nen a Provider Training Requ Iow.	lest is received from the Support	Coordinator, supervisors m	ust answer the questions
ls t	this request for training:			
1.	based on the member's pre	• •		
	Preferences include but are manicures, or learn another	not limited to: Member would lii language.	ke the provider to learn culin	ary skills, how to give
2.	already a required training?			
	Required trainings include to Care Worker Training.	out are not limited to: Prevention	and Support, First Aid/CPF	R, Defensive Driving, or Direct
3.	·	that is not included in the service	·	
	do.	ns are skilled needs, dispensing	medications, or something a	a medical practitioner could
4.	knowledge the provider should have in order to do the job? Yes No			
	Examples of knowledge inc	lude but are not limited to: docur	mentation, data analysis.	
5.	included in the pre-service orientation or orientation to the member? Yes No If 'No' to above, should it be included in the orientation? Yes No			
	Orientation to the member should include topics such as: Transferring, DME use, eating, getting dressed, communication with the member including use of augmentative communication devices, or diagnosis (e.g., Prader-Willi, Diabetes).			
		of the questions above, the supet by the Qualified Vendor or res		anning Team to determine how
	If you answered 'No' to all o	f the questions, sign the form be	elow and email to <u>DDDPolicy</u>	<u>@azdes.gov</u> for approval.
Su	ipervisor's Signature			Date:
	.p			