ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities • Employment Support and Services

CENTER BASED EMPLOYMENT - QUARTERLY REPORT

MEMBER NAME:			_ SUPPORT COORDINATOR:				
QUALIFIED VENDOR NAME:			CONTACT PERSON NAME:				
QUALIFIED VENDOR MAILING ADDRES	S: (No., Street)						
CITY							
CBE PHYSICAL SITE ADDRESS: (No., St.							
CITY							
QUALIFIED VENDOR E-MAIL ADDRESS:							
		REPOR1	PERIOD				
1st Quarter (due by April 15th)	2nd Quarter (due	by July 15th)	3rd Quarte	r (due by C	October 15th)	4th Qı	uarter (due by January 15th)
Member Name			Member ID No.		Identified for Progressive Move (Yes / No)		Made Progressive Move (Yes / No)
	Month / Year	Month / Year		Month / Year		Type of Paid Work the Member is Doing:	
Hours Authorized							
Hours Attended							
Hours Worked							
Average Hourly Pay							
Percent of Time Worked: (Divide hours worked by hours of attendance)							

Member's Individual Support Plan (ISP) employment outcome(s)

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Describe progress made on above outcome(s).	
Describe barriers keeping member from making a progressive move to commu behavior, health issues, no transportation, limited job availability).	nity integrated employment (e.g. member choice, family choice, challenging
Describe plan of action to address the barriers as listed above (member educat health care changes).	ion, family education, db101, behavior treatment planning, employer outreach,
If member did not participate in paid work 75% of his/her time in attendance, deduring billed hours of service.	scribe in detail the work-related activities the member was involved in
QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S NAME (Print)	
QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S TITLE	
QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S SIGNATURE	
	I - Support Coordinator
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