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

## SIX-MONTH REPORT • CENTER-BASED EMPLOYMENT SERVICES

QUALIFIED VENDOR NAM	IE:						
CONTACT PERSON NAME	<u>:</u> :			QUALIFIE	D VENDOR PHONE NUMBER:		
REPORT PERIOD: January 1 to June 30 (due by July 31st)				July 1 to December 31 (due by January 31st)			
QUALIFIED VENDOR MAIL	ING ADDRES	SS: (No., Street)					
CITY				STATE ZIP CODE			
CBE PHYSICAL SITE ADD	RESS: (No., S	Street)					
CITY				STATE	ZIP CODE		
QUALIFIED VENDOR E-MA	AIL ADDRESS	S:					
DDD DISTRICT(S) SERVE	D:		DDD EMPLOY	MENT SERVICE SPEC	:IALIST(S):		
PLEASE RESPOND 1	O EACH C	F THE OUTCOME	ES BELOW				
Outcomes	Frequency		Way to measure		Way to measure		
Members shall be engaged in paid work at least 75% of the time they are in at-	Every six	Production Records of members, contracts available and	Total hours members worked:	Total hours members attended program:	Percent of time worked: (Divide hours worked by hours of attendance)		
tendance at the program.		time studies			%		
At least 10% of members will be identified for progressive moves to community integrated employment (i.e. Group Supported Employment or Individual	Every six months	Production Records of members, contracts available and time studies	Total members served during six month period	Total number of members identified for progressive moves:	Percent of members identified for progressive moves: (Divide members identified for progressive moves by total members served during six month reporting period.)		
Supported Employment)					%		
PROGRAM ACCOMPLISHI	MENTS:			•			
PROGRAM CHALLENGES							
QUALIFIED VENDOR ADMINISTR							
QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S SIGNATURE DATE DATE							

MEMBER INFORMATION PAGE								
Member Name	Member's DDD ID No.	Original CBE <u>Start</u> Date	Date CBE stopped	Identified for Progressive Move (Yes / No)	Date Identified for Progressive Move	Date <u>Made</u> Progressive Move	Job Sites Participating in	Barriers keeping individual from making a progressive move to community integrated employment (Service stopped reason)
CONTINUATION SHEET:								

MEMBER INFORMATION CONTINUATION PAGE								
Member Name	Member's DDD ID No.	Original CBE <u>Start</u> Date	Date CBE stopped	Identified for Progressive Move (Yes / No)	Date Identified for Progressive Move	Date <u>Made</u> Progressive Move	Job Sites Participating in	Barriers keeping individual from making a progressive move to community integrated employment (Service stopped reason)
CONTINUATION SHEET:								

## Routing: Original - Employment Program Specialist

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. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.