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

EMPLOYMENT SUPPORT AIDE – SIX-MONTH REPORT

Qualified Vendor's Name: _____

Contact Person's Name: _____ Qualified Vendor's Phone Number: _____

REPORT PERIOD: ☐ January 1 to June 30 *(due by July 31st)* ☐ July 1 to December 31 *(due by January 31st)*

Qualified Vendor's Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Qualified Vendor's E-mail Address: _____

DDD District(s) Served: _____ DDD Employment Service Specialist(s): _____

MEMBER INFORMATION

Member's Name	**Receiving Behavioral Intervention** *(Yes / No)*	**Ready for Decrease in Behavioral Intervention** *(Yes / No)*	**Receiving Job Related Supports (Follow-along)** *(Yes / No)*	**Ready for Decrease in Job Related Supports (Follow-along)** *(Yes / No)*	**Receiving Personal Care Supports** *(Yes / No)*	**Ready for Decrease in Personal Care Supports** *(Yes / No)*	**Date ESA Services Discontinued**	**Is the member in jeopardy of losing the member's job or has been terminated from employment?** *(Explain why the member is at risk of losing the member's job. If terminated, list termination date.)*

Qualified Vendor Administrator's / Designee's Name *(Print)* _____

Qualified Vendor Administrator's / Designee's Title _____

Qualified Vendor Administrator's / Designee's Signature _____ Date _____

Continuation Sheet:

See page 2 for EOE/ADA/LEP/GINA disclosures

MEMBER INFORMATION *(Continued)*								
Member's Name	**Receiving Behavioral Intervention** *(Yes / No)*	**Ready for Decrease in Behavioral Intervention** *(Yes / No)*	**Receiving Job Related Supports (Follow-along)** *(Yes / No)*	**Ready for Decrease in Job Related Supports (Follow-along)** *(Yes / No)*	**Receiving Personal Care Supports** *(Yes / No)*	**Ready for Decrease in Personal Care Supports** *(Yes / No)*	**Date ESA Services Discontinued**	**Is the member in jeopardy of losing the member's job or has been terminated from employment?** *(Explain why the member is at risk of losing the member's job. If terminated, list termination date.)*

Routing: Original - Employment Services Specialist(s) or email to DDDESS@azdes.gov

Continuation Sheet: