

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities • Employment Support and Services
EMPLOYMENT SUPPORT AIDE - SIX-MONTH REPORT

QUALIFIED VENDOR NAME: _____

CONTACT PERSON NAME: _____ QUALIFIED 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 MAILING ADDRESS: *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

QUALIFIED VENDOR E-MAIL ADDRESS: _____

DDD DISTRICT(S) SERVED: _____ DDD EMPLOYMENT SERVICE SPECIALIST(S): _____

MEMBER INFORMATION								
Member Name	Receiving Behavioral Intervention <small>(Yes / No)</small>	Ready for Decrease in Behavioral Intervention <small>(Yes / No)</small>	Receiving Job Related Supports <small>(Follow-along)</small> <small>(Yes / No)</small>	Ready for Decrease in Job Related Supports <small>(Follow-along)</small> <small>(Yes / No)</small>	Receiving Personal Care Supports <small>(Yes / No)</small>	Ready for Decrease in Personal Care Supports <small>(Yes / No)</small>	Date ESA Services Discontinued	Is member in jeopardy of losing their jobs or have they been terminated from employment. <small>(Explain why member is at risk of losing their job. If terminated list termination date)</small>
CONTINUATION SHEET:								

QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S NAME *(Print)* _____

QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S TITLE _____

QUALIFIED VENDOR ADMINISTRATOR / DESIGNEE'S SIGNATURE _____ DATE _____

MEMBER INFORMATION CONTINUATION PAGE								
Member 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 member in jeopardy of losing their jobs or have they been terminated from employment. (Explain why member is at risk of losing their job. If terminated list termination date)
CONTINUATION SHEET:								

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