ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities (DDD)

Group Supported Employment Services - QUARTERLY REPORT

PERSONAL INFORMATION *(Please print)*

MEMBER NAME

MEMBER I.D. NUMBER

SUPPORT COORDINATOR

SUPPORT COORDINATOR PHONE NUMBER

QUALIFIED VENDOR'S NAME

CONTACT PERSON NAME

QUALIFIED VENDOR ADDRESS *(P.O. Box, No., Street, City, State, ZIP)*

PHYSICAL SITE ADDRESS

QUALIFIED VENDOR E-MAIL ADDRESS

REPORT PERIOD *(Check one):*

☐ 1st Quarter *(Due by April 15th)*
☐ 2nd Quarter *(Due by July 15th)*
☐ 3rd Quarter *(Due by October 15th)*
☐ 4th Quarter *(Due by January 15th)*

IDENTIFIED FOR PROGRESSIVE MOVE ○ Yes ○ No **MADE PROGRESS MOVE** ○ Yes ○ No

	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
HOURS AUTHORIZED			
HOURS ATTENDED			
HOURS WORKED			
AVERAGE HOURLY PAY			
PERCENT OF TIME WORKED *(Divide hours worked by hours of attendance)*			

Type of paid work the Member is doing

Member's Individual Support Plan (ISP) Employment Outcome(s):

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Progress Made on Above Outcome(s):

Barrier Keeping individual form Making a Progressive Move to Community Integrated Employment

(i.e. Member choice, family choice, challenging behavior, health issues, no transportation, limited job availability, other.)

Plan of Action to Address Barrier Listed Above:

(i.e. Member education, family education, DB101, Behavior Treatment Planning, employer outreach, healthcare changes, other).

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

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S TITLE

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S SIGNATURE

DATE

Routing: Original – Support Coordinator