DDD Update
Department of Economic Security
Division of Developmental Disabilities

Summer 2006

Third Annual Direct Support Worker Recognition 2006

Two Winners will be selected.

The Division of Developmental Disabilities and the Division for Aging and Community Services will collaborate this year in the Third Annual Direct Support Worker Recognition contest for 2006. Both Divisions value the contributions of front line direct support workers in their vital role providing services.

The Divisions seek your nominations of front line direct support workers with at least 3 years experience in the delivery of direct care, habilitation hourly, respite and/or attendant care services, but who have not performed in any supervisory or management capicities. The nominee must spend at least 70% of work time as a front line direct support worker. Services by the nominee can be delivered in an individual's own home, group home, developmental home, day program or after school program. Current employment in the field is required and the nominee may be employed with a contracted agency, as an individual independent provider or by the Division of Developmental Disabilities. Please complete the following if you want to nominate someone:

Nominee's Name *(First and Last)* _____Phone Number (___)_____

Nominee's Address *(No., Street, City, State, ZIP)* _____

Title at Work _____ Nominee's Employer *(agency, independent or the Division)*_____

Works Part or Full Time Shift _____ Number of Individuals Cared (During a Work Shift) _____

Number of Years as a Direct Support Worker (*must have 3 or more years providing duties such as direct care, habilitation hourly, respite or attendant care)* _____years

Nominees will be judged on the following attributes as they relate to the individuals they serve:

- **Care provided** – (Skilled in duties. Encourages independence and choice.) Nominee excels by _____
  _____
- **Communication** – (Listens with ears and eyes. Promotes two-way communication. "Hears" choices and preferences. Knows likes and dislikes. Understands the individual and what his/her actions and behaviors communicate.) Nominee excels by _____
  _____
- **Advocacy** – (Takes an active role in the team process and provides input on goals and outcomes. Speaks for the individual when the individual needs an advocate.) Nominee excels by _____
  _____
- **Professional Poise** – (Supports. Praises. Enjoys. Respects.) Nominee excels by _____
  _____

Additional comments: _____

_____

Supporting letters of recommendation are encouraged.

Nominator's Name *(First, Last)* _____ Date _____

Nominator's Signature _____ Phone Number _____

Relationship to Nominee _____

This recognition nomination application must be completed and received by August 15, 2006 in the Division of Developmental Disabilities' Central Office.

In person deliver to: 1789 W. Jefferson, 4th Floor NW, Phoenix, Arizona,

By mail: Fold this sheet with the below address showing, seal the bottom and right side, put a stamp on it, and mail to the address shown,

By Fax at: 602-542-6870, OR by email to: kkittle@azdes.gov

Please advise the nominee that he/she may be contacted prior to a final decision. Contact the Publications Coordinator at 602-542-0419 or toll-free at 866-229-5553 for more information.

Judging Criteria
The 2006 Direct Support Workers will be selected by a panel comprised of employers, staff from both Divisions staff, consumers and families.

From each category a top candidate will be selected and then from those three candidates (agency employee, independent or Division facility employee), the panel will select two winners for the 2006 Direct Support Worker. One to represent the Division of Developmental Disabilities and the other will represent the Division of Aging and Community Services at a national conferenence or seminar related to their field of direct care. Registration, transportation, and lodging will be pre-paid for the two winners. **Nominations are due August 15, 2006.**

Fold on this line for mailing

Place Stamp Here

_____
_____
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Arizona Department of Economic Security
Division of Developmental Disabilities
Site Code 791A - Direct Support Worker
P. O. Box 6128
Phoenix, AZ 85008-6123

Seal this edge

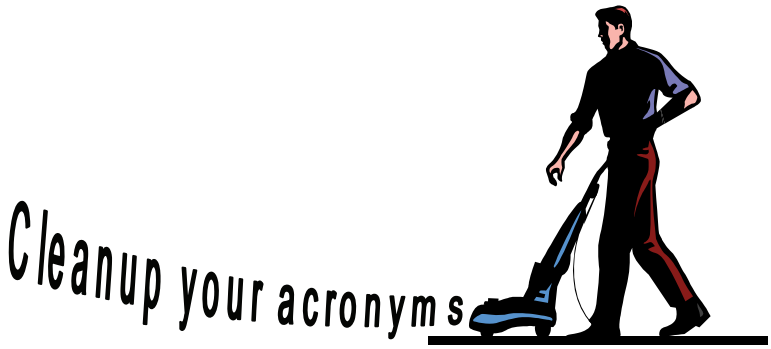
No COPS for Five Years

for Arizona Training Program at Coolidge

Submitted Scott Umbreit, Superintendent Arizona Training Program at Coolidge

No "conditions of participation" (COPS) cited in five years for the Arizona Training Program at Coolidge (ATPC). Federal surveyors in their eight on-site inspections over this five-year period reflect a steady record of good outcomes for ATPC related to federally mandated Intermediate Care Facility for Mental Retardation (ICF/MR) compliance standards. The Arizona Department of Health Services and/or representatives of the federal Medicaid agency, who also monitor compliance with these standards through onsite visits at least seven times a year, substantiate this.

Failure to comply with key standards relating to residents' protection, behavior management, healthcare, and active treatment can result in loss of federal funding. With ATPC's exceptional national standing for compliance, the 134 men and women ATPC residents with their wide range of services and supports for significant health and behavioral needs, are getting top-notch care.



Consumer and Family Support

Written by Marta Urbina, Director of the Office of Consumer and Family Support

It is my pleasure to assume the role of Director of the Office of Consumer and Family Support within the Division of Developmental Disabilities. I have lived in Arizona for over 30 years and am a family member with a long standing relationship with the Division. We may have met through some of my other work experiences that include the Arizona Department of Health Services, Office for Children with Special Health Care Needs and Raising Special Kids. This is truly an exciting time for our state and the initiatives that promote integrated consumer and family supports at both the individual and systems level. I look forward to learning from you as consumers and families what we can do together.

I can be reached at 602-542-0419, toll-free at 866-29-5553 or by email at murbina@azdes.gov

Proof of citizenship and identity

Taken from Fact Sheet for AHCCCS Families flyer

AHCCCS members and applicants who are United States (U.S.) citizens must provide additional proof of United States citizenship and identity when renewing or applying for AHCCCS health insurance, including the Arizona Long Term Care System (ALTCS) due to a change in Federal law. This change takes starts **July 1, 2006.** For AHCCCS members who receive their health insurance through DES, call 602-542-9935 for Maricopa County or 1-800-352-8401 outside Maricopa County. Go to the website, www.azahcccs.gov or Department of Economic Security (www.azdes.gov) for more information.

What documents are required? There are 4 documents acceptable for both proof of U.S. citizenship and identity. Any one item from this list to prove U.S. citizenship:

U.S. (United States) Passport
U.S. Naturalization Certificate issued by USCIS*
Certificate of Citizenship issued by USCIS*
For children under 19 only, an Affidavit attesting citizenship and identity from a blood relative, adoptive parent, or legal guardian (available after July 1, 2006).

—OR—

If a member or applicant does not have 1 of the 4 items above, then **1 item from each box below** must be provided:

Any one item from this list to prove citizenship:

Birth Certificate
U.S. Citizen ID card issued by U.S. Citizenship and Immigration Services (USCIS)
Hospital Record of birth in the U.S., Puerto Rico, Virgin Islands or Guam (in some cases)
Certificate or Report of Birth Abroad issued by USCIS or the State Department
Religious record with place of birth recorded within 3 months of birth
Adults: Affidavit attesting citizenship by 2 blood relatives who verify date and place of birth in U.S. or its territories
American Indian card issued by USCIS with a classification code of KIC
Northern Mariana Identification card issued by USCIS to a naturalized citizen born before November 3, 1986

Any one item from this list to prove identity:

Driver's License
State issued ID card or other Photo ID issued by federal, state or local government
Tribal government issued ID
Tribal documents
Clinic, doctor or hospital record (under 18 only)
Day care or nursery school record (under 18 only)
Voter Registration Card
School ID with picture
U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record
U.S. Coast Guard Merchant Marine Card
Other government ID (if without picture, the card must include identifying information)
An affidavit to acknowledge the identity of the member or applicant

What if a member or applicant does not have the required documents? To obtain required documents, members and applicants should contact agencies, such as:

- AZ Department of Health Services-Vital Records (Birth Certificates) on the web at www.azdhs.gov or by phone at 888-816-5907
- *U.S. Citizenship & Immigration Services (USCIS) (Naturalization Documents) on the web at www.uscis.gov or by phone at 800-375-5283
- Tribal governments (Tribal ID)

For more online information and resources, go to www.az211.gov

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