# *Check the appropriate box:* Initial Plan Plan update & Progress report Progress report

# First Name: Enter first name Last Name: Enter last name. ADSA ID: Enter ADSA ID.

**Provider Name**: Enter Provider’s name: **Phone:** ###-###-#### **Staff contact person**: Enter staff’s name:

# Annual Plan date: Enter plan start date. To Enter plan end date.

1. **Service level** (authorized range of hours): Enter Min. Mo. Hrs. **To** Enter Max. Mo. Hrs.
2. **Skills, gifts, interest, and preferred activities include** (*this information comes from a discovery process such as a person centered plan, circle of support or other process that helps to identify your preferences)*:

My skills are: Enter skills information.

My gifts are: Enter gifts information.

My interests are: Enter interests’ information.

My preferred activities are: Enter preferred activities information.

1. **Employment preferences:**
   1. Preferred number of work hours/week: Enter #
   2. Preferred job type Enter Job type
   3. Preferred work shift: Choose an item.
   4. Preferred monthly wage / salary: Enter the mo. $ amount
2. **Employment goal:** Enter goal:
3. **Action steps and supports** to reach goal. *(There may be several action steps and supports to reach the goal). Complete each action steps and support separately in the table below. You may identify other persons and/or entities available to assist in reaching the employment goal(s))*.

|  |  |  |  |
| --- | --- | --- | --- |
| Action Steps and supports: | | Elements: | Party(s) responsible: |
| 1 |  | Choose an item. |  |
| 2 |  | Choose an item. |  |
| 3 |  | Choose an item. |  |
| 4 |  | Choose an item. |  |
| 5 |  | Choose an item. |  |
| 6 |  | Choose an item. |  |
| 7 |  | Choose an item. |  |
| 8 |  | Choose an item. |  |

1. **Other accommodations, safety, adaptive equipment and/or supports critical to achieve the goal**:

Enter other accommodations……

# The 6 month reporting period: Enter start date. To Enter end date.

1. **For the previous six month progress report list the action steps & supports, the outcome of each activity the Element and status of the action step.** *(not required for the initial plan)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action Steps and supports: | | Outcomes | Element: | Status |
| 1 |  |  | Choose an item. | Choose an item. |
| 2 |  |  | Choose an item. | Choose an item. |
| 3 |  |  | Choose an item. | Choose an item. |
| 4 |  |  | Choose an item. | Choose an item. |
| 5 |  |  | Choose an item. | Choose an item. |
| 6 |  |  | Choose an item. | Choose an item. |

1. **Total Service Hours provided during the six month reporting period:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Month: |  |  |  |  |  |  |
| Hours: |  |  |  |  |  |  |

1. **Comments**:

Enter comments

Client’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Legal Guardian’s signature (as appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Provider staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Copies provided to (check all that apply)

Client Legal Guardian DDD CRM. County