



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Alternative Living Services Plan and Provider Progress Report
Supplement to DSHS form 10-269
 (for additional goals and progress notes)

PAGE NUMBER

CLIENT'S NAME	PLAN PERIOD (CRM TO COMPLETE) THROUGH	REPORTING PERIOD MONTH / YEAR (PROVIDER TO COMPLETE)
---------------	--	---

10. Goal of : **Select area of habilitation.**

11. Estimated monthly hours for task (optional):	12. Estimated monthly miles for task (optional):
--	--

AL Provider Reporting (Provider to complete)

13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
--	------------------------------------	--

16. COMMENTS / FEEDBACK

17. Total hours provided this month:	18. Total miles provided this month:
--------------------------------------	--------------------------------------

10. Goal of : **Select area of habilitation.**

11. Estimated monthly hours for task (optional):	12. Estimated monthly miles for task (optional):
--	--

AL Provider Reporting (Provider to complete)

13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
--	------------------------------------	--

16. COMMENTS / FEEDBACK

17. Total hours provided this month:	18. Total miles provided this month:
--------------------------------------	--------------------------------------

10. Goal of : **Select area of habilitation.**

11. Estimated monthly hours for task (optional):	12. Estimated monthly miles for task (optional):
--	--

AL Provider Reporting (Provider to complete)

13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
16. COMMENTS/FEEDBACK		
17. Total hours provided this month:		18. Total miles provided this month:
10. Goal of : Select area of habilitation.		
11. Estimated monthly hours for task (optional):		12. Estimated monthly miles for task (optional):
AL Provider Reporting (Provider to complete)		
13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
16. COMMENTS/FEEDBACK		
17. Total hours provided this month:		18. Total miles provided this month:
10. Goal of : Select area of habilitation.		
11. Estimated monthly hours for task (optional):		12. Estimated monthly miles for task (optional):
AL Provider Reporting (Provider to complete)		
13. CLIENT SKILL LEVEL AT START OF MONTH	14. TEACHING AND TRAINING PROVIDED	15. CLIENT SKILL LEVEL AT END OF MONTH
16. COMMENTS/FEEDBACK		
17. Total hours provided this month:		18. Total miles provided this month: