

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Initial Specialized Habilitation Plan

WAIVER PARTICIPANT'S NAME	PROVIDER'S NAME
CASE MANAGER'S NAME	DATE PLAN WAS WRITTEN OR REVISED

CURRENT WAIVER

Indicate the targeted categories of Specialized Habilitation:

Self-Empowerment – Support to increase self-esteem, self-confidence, and skills to achieve personal development goals

Safety Awareness and Self-Advocacy – Support to increase safety awareness and effectively self-express needs, wants, and goals

Interpersonal Effectiveness and Effective Social Communication – Support to develop social skills to build and maintain relationships or increase inclusion in the community and home

Coping Strategies regarding Everyday Life Challenges – Support to improve problem solving skills and stress management techniques

Managing Daily Tasks and Acquiring Adaptive Skills – Support developing skills to successfully reside in the community and to increase independence

SMART goal(s) and objective(s)

Describe the goal(s) and objective(s) addressed as they appear in Policy 4.20. No more than three goals per plan.		SMART goals and objective are: <ul style="list-style-type: none"> • Specific • Measurable • Achievable • Relevant • Time-bound
Goal 1		
Goal 2		
Goal 3		

How often is the service provided

Frequency of service:

Goal 1	
Goal 2	
Goal 3	

Expected duration of service:

Goal 1	
Goal 2	
Goal 3	

How is progress measured and how will measures determine the conclusion of service?

Goal 1	
Goal 2	
Goal 3	

Plan to help reach the goal(s)			
Goal 1			
Goal 2			
Goal 3			
List referral recommendations if the waiver participant presents with potential underlying medical, mental health, or educational support needs:			
Signatures			
PROVIDER'S SIGNATURE	DATE	LEGAL REPRESENTATIVE'S SIGNATURE	DATE
WAIVER PARTICIPANT'S SIGNATURE	DATE	DDA CASE / RESOURCE MANAGER'S SIGNATURE	DATE