

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Initial Community Engagement Plan

WAIVER PARTICIPANT'S NAME		PROVIDER'S NAME	
CASE MANAGER'S NAME		DATE PLAN WAS WRITTEN OR REVISED	
Goal(s) and Objective(s)			
Describe the goal(s) and objective(s) you will be working on as they appear in Policy 4.14. No more than three goals per plan.			
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