## Initial Community Engagement Plan

<table>
<thead>
<tr>
<th>WAIVER PARTICIPANT'S NAME</th>
<th>PROVIDER'S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE MANAGER'S NAME</td>
<td>DATE PLAN WAS WRITTEN OR REVISED</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>PROVIDER'S SIGNATURE</th>
<th>DATE</th>
<th>LEGAL REPRESENTATIVE'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAIVER PARTICIPANT'S SIGNATURE</td>
<td>DATE</td>
<td>DDA CASE / RESOURCE MANAGER'S SIGNATURE</td>
<td>DATE</td>
</tr>
</tbody>
</table>