

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
**Community Engagement 90-Day (Quarterly)
Progress Report**

WAIVER PARTICIPANT'S NAME		PROVIDER'S NAME	
CASE MANAGER'S NAME		DATE INITIAL PLAN WAS WRITTEN OR REVISED	
Goal(s) you have been working on with the client. No more than three per plan.			
Goal 1			
Goal 2			
Goal 3			
Treatment strategies utilized and progress for each goal above.			Goal completion, using a scale from 1 – 10 (10 being goal is met) Goal 1: Goal 2: Goal 3:
If progress has not been made, please indicate strategies planned to address them further.			
Goal 1			
Goal 2			
Goal 3			
List referral recommendations made if the waiver participant presents with potential underlying medical, mental health, or educational support needs:			
<p>Dates / times of service in the past 90 days:</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Date: Number of Units (15 minutes):</p> <p>Include additional visits on a separate page and attach to this report.</p> <p>Total Units (15 minutes of service provided in previous 90 days):</p>			
Signatures			
PROVIDER'S SIGNATURE		LEGAL REPRESENTATIVE'S SIGNATURE	
DATE		DATE	
WAIVER PARTICIPANT'S SIGNATURE		DDA CASE / RESOURCE MANAGER'S SIGNATURE	
DATE		DATE	